



\_\_\_\_\_  
Student Name (Please Print)

\_\_\_\_\_  
Student ID

\_\_\_\_\_  
Term and Year

### ASSIGNMENT OF "I" (INCOMPLETE) GRADE

SEMESTER: \_\_\_\_\_ YEAR: \_\_\_\_\_ COURSE: \_\_\_\_\_  
Course Identifier Title # of Units

You have been assigned an "I" (Incomplete) grade. The conditions for removal of this "I" grade are:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you do not complete the above work, your grade will become an \_\_\_\_\_.

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE DATE

**DEADLINE FOR COMPLETION:** The "I" may be made up no later than one semester following the end of the term in which it was assigned.

I have discussed this form with the instructor and have received a copy.

\_\_\_\_\_  
STUDENT'S SIGNATURE DATE

#### FOLLOW-UP

WORK COMPLETED: YES \_\_\_\_\_ NO \_\_\_\_\_ CHANGE GRADE TO: \_\_\_\_\_

\_\_\_\_\_  
INSTRUCTOR'S SIGNATURE DATE

OFFICE USE ONLY: Date Posted: \_\_\_\_\_ Records Office \_\_\_\_\_