

Incomplete Grade Agreement

Revised 4/28/2015

Department	t of			
	(A copy of this form	must be completed for each "I" g	rade given)	
			nt, who has completed a substantial course for reasons beyond his or he	
Student Information				
First Name	Middle Name	Last Name		
FSU Email Address		EMPLID		
Class Information				
Instructor Name:			Phone:	
Instructor Email:				
Full Course Number and Section	on:	Semester/Yea	ar Taken:/	
Work to be completed by the en	nd of:	(Semester)	(Year)	
Default grade to be assigned if	student does not complete	academic work:		
Specific work to be completed:				
The "I" grade will be changed to instructor. Incomplete grades can			orily completed by the semester ind	licated by
	- 1	work by the time specified, withon anged to the default grade listed	ut further prompting from the instrabove.	ructor. If the
Student Signature:(attack	h email of agreement if student not	available)	Date:	
Instructor Signature:			Date:	
cc: Instructor – Original Student Student's Academic Department Chair (offe				