The College of Saint Rose
Faculty/Student agreement for a grade of “I” Incomplete

Student Information

Name: _____________________________________  ID: __________________________

Telephone # ____________________  Email: ____________________________________

Semester (check term and indicate year)

FALL ____  SPRING _____  SUMMER I _____  SUMMER II _____  TERM 20___

Course Information

CRN: __________  Subject: __________  Crs #: __________  Section: __________

Course Title: _____________________________________________________________

Reason for Incomplete

______________________________________________________________________________

List assignments/projects/tests/etc…to be completed by the student (course syllabus can be
included for reference)

______________________________________________________________________________

• The work for this Incomplete will be completed by:
  (Please indicate the expected date of completion for this work. Final grades for an Incomplete are
due to the Registrar's Office 30 days into the following Fall or Spring semester. You may,
however, agree on an earlier deadline. Extensions are also possible.)

• It is understood that an Incomplete has a fee associated with it and can have financial aid
implications.

• It is understood that it is the student’s responsibility to maintain contact with the faculty member
regarding this work.

• It is understood that an Incomplete grade will become a permanent “F” grade if not completed on
time.

• International students should consult with the Center for International Programs on this policy
and its possible effect on their status.

_______________________________________
Faculty Printed Name

_______________________________________
Student Signature    Date    Faculty Signature    Date

*This form must be completed and submitted to the Registrar’s Office by the faculty
member along with submission of final grades. Keep a copy for your records.