**
CONTRACT FOR THE ISSUANCE OF AN INCOMPLETE (IN) GRADE**

You must request an incomplete grade from your instructor using this form before the end of the course. IN grades are issued only in exceptional circumstances that justify your inability to complete all coursework by the end of a quarter. The instructor may elect to deny this request.

1. Both the instructor and student should sign and keep a copy of the form.
2. Students: If you complete and submit the designated work before the established deadline, the instructor will evaluate your performance, and file a grade change form along with a coursework assessment form.

If the deadline passes, your IN will revert to an “F,” pursuant to University policy.

Student Name:

DePaul ID Number:

Phone:

E-Mail:

Instructor Name:

Email:

Course Title:

Quarter / Year:

If applicable, competencies for which the grade of IN is requested:

# **Student Obligations**

You have up to two quarters (Summer not included) to complete and submit the evidence required for the completion of course competencies. If a course instructor specifies an earlier deadline, you must abide by this deadline. By accepting the grade of Incomplete (IN) for this course, you agree to submit all of this evidence to the instructor by this deadline.

**Final Deadline:**

After this deadline, you have no further opportunity to make up the work for the course, and the grade will change to an F. I understand and accept the terms specified above:

Student Signature / Date:

## Instructor Obligations

You agree to issue a student a grade of Incomplete (IN) and to accept and evaluate evidence submitted (as specified below) by the deadline date. You also agree to submit a grade change and course assessment form by the end of the same quarter in which a student has submitted final work for the course. If the student does not complete all work by the deadline, the grade will automatically convert to F and you need not take any further action. I understand and accept the terms specified above.

Instructor Signature / Date:

Evidence to be Submitted