## FORM FOR GRADE "INCOMPLETE"

Please print or type.	
Student name:	SSN:
Course number, section and title:	
Instructor:	Semester:
Date of conference: (If for some reason a conference has not	been possible, please explain why.)
<ol><li>Please list below a description of the v has been agreed upon for completion.</li></ol>	work to be made up, a plan and a timetable. Include date which
has been agreed upon for completion.	
	gram to follow in case you are not in residence at the time of
completion.	
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(incomplete fail) and cannot be changed	end of the grading period two semesters later, it become an IF except by appeal in extraordinary circumstances. It is the I to ascertain that the instructor is satisfied that the work has been
Signature of Student:	Date:
Signature of Instructor:	Date: