

UAM INCOMPLETE COURSE COMPLETION PLAN

*This form must be completed by the instructor **before** a grade of "I" can be given.*

Student Name: _____ Student I.D. _____

Course Number & Name _____ Semester: _____

Instructor: _____ Date: _____

REASON FOR INCOMPLETE:

WORK REQUIRED TO REMOVE INCOMPLETE: *(Provide specific information. What is required?)* Reports, term papers, exam, etc. If exam(s) are required, copies similar to the exam to be taken by this student must be filed with the Department Head.

Date when work is due (maximum of 1 year from present): _____

INSTRUCTOR'S SIGNATURE: _____

STUDENT SIGNATURE: _____

or

DATE MAILED TO STUDENT: _____

UNIT HEAD'S SIGNATURE: _____

The student should receive a copy, the Instructor should retain the original copy, and a copy should be placed in the department file. Once a grade has been assigned the form must be signed by the instructor, the unit head and sent to the Vice Chancellor/Provost for his/her signature and then forwarded to the Registrar's Office.

INSTRUCTOR OF RECORD

Please complete the following one year from the date the "I" was recorded or when all required course work has been completed.

All required course work completed (date) _____ I recommend the grade of _____ to replace the "I" previously recorded.

Course work not completed (date) _____ I recommend the grade of **F** to replace the "I" previously recorded.

Instructor's signature

Date

Unit Head's signature

Date

Vice Chancellor/Provost

Date

Send form to Registrar's Office when complete.