INCOMPLETE “I” GRADE CONTRACT

Department of Major __________________________

Term:
Fall Semester 20 _____
Spring Semester 20 _____
Summer A 20 _____
Summer B 20 _____
Summer C 20 _____

Undergraduate ( )
Graduate ( )

Name: ____________________________
Email: __________________________

USF ID: ____________________________
Phone: __________________________

Address: ____________________________

Ref# _______ Prefix _______ No. _______ Section _____ Title ____________________________

State briefly the reason(s) for receiving “I” grade:

State terms for removal of “I” grade:

State final date for completing requirements (not to exceed two academic semesters):

Date ____________________________ Or end of term: 20 _____________

I hereby agree to the terms outlined above for the removal of the “I” grade.

Signature of Student _______________ Date _______________ Signature of Instructor _______________ Date _______________

Signature of School Director _______________ Date _______________

Distribution:
Student ( ) Instructor ( ) Department Office ( ) Advising Office ( )

IMPORTANT:
• The student is responsible for securing signatures and distributing copies.
• The time limit for removing an “I” grade is two semesters regardless of student’s status.
• An “I” grade not removed will be changed to and “IF” (or “IU” if appropriate).
• Students are not required to re-register for courses from which an “I” grades are being removed.