**AGREEMENT TO RESOLVE INCOMPLETE GRADE**

This form serves as an official agreement between the faculty and student to resolve an incomplete (INC) grade by the College deadline. A completed and signed copy of this form must be sent to the student and faculty member as well as \_\_\_\_\_\_(dept admin? Chair?)\_\_\_\_\_\_.

**FACULTY**

Faculty Member’s Name:

Faculty Member’s JJ E-mail address:

**STUDENT**

Student’s Full Name:

Student’s EMPL ID:

Student’s JJ E-mail address:

**COURSE**

The above student is receiving an incomplete (INC) grade in the following course:

Course (include number and section; e.g., PSY 101-03):

Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student must submit the following outstanding assignments by the below deadline:

**Deadline for student work submission** (see academic calendar for deadline)**:**

*Faculty Signature & Date Student Signature & Date*