College of Agricultural and Life Sciences
Incomplete Grade Contract

To be completed by Student:

Student ___________________________ UFID _______    Instructor ______________________________

Course# ________________Course Title ___________________________ Section __________ Term ______

To be completed by Instructor:

All of the following must be true for the student to be eligible to receive a grade of “I”

☐ The student has completed a major portion of the course with a passing grade (“D-” or better)
☐ The student is unable to complete course requirements because of documented circumstances beyond his or her control
☐ The student and instructor have discussed the situation prior to the final exam (except under emergency conditions)
☐ The instructor will submit a final grade for the student on the date due (indicated below) whether or not all work is completed

List all work to be completed:

1. If the above is to be done under the supervision of the current instructor, indicate after each item the date work is due.

2. If work is to be evaluated by a different instructor, indicate:

   A) New instructor work will be completed under: ________________________________

   B) Date by which it will be completed: __________________________

3. Final Grade to be assigned if work not completed by above dates: __________________________
   (Remember to submit a change of grade form on that date)

   Student Signature: ________________________________    Date: __________________________

   Instructor Signature: ________________________________    Date: __________________________

Additional Notes, Comments, or Conditions: