



**Tulane School of Social Work  
Incomplete Grade Contract**

Student First and Last Name:  
Course Number and Section:  
Instructor:

Tulane ID Number:  
Course Name:  
Semester:

I \_\_\_\_\_ understand that:

\_\_\_\_\_ I will receive an Incomplete (“I”) for my work in this course since I have not yet met all of its requirements.

\_\_\_\_\_ It is the responsibility of the Student to contact the instructor when incomplete work in a course is completed.

\_\_\_\_\_ The time may not exceed **six weeks** from the last day of class in which the “I” occurred.

\_\_\_\_\_ Once the extension of time has been agreed upon all further responsibility for meeting deadlines, contact with the instructor, etc., rests with the student.

\_\_\_\_\_ If the agreed-upon date passes without the necessary assignment being completed a final grade of failure (“F”) is automatically applied to the course.

\_\_\_\_\_ The imposition of a grade penalty because of the delay in completing the assignments is determined by the instructor. The student should be apprised of this before signing this contract. This should be included in the written agreement here.

To have the grade of Incomplete for this course removed from my transcript, I shall complete the following work (For Field Hours delinte how many hours per week and the duration of weeks):

\_\_\_\_\_  
\_\_\_\_\_

This work will be completed by \_\_\_ / \_\_\_ / \_\_\_

**If I fail to complete the assignment by the agreed-upon date, I understand that the course grade of Incomplete (“I”) will be changed to Fail.**

Student Name/Signature \_\_\_\_\_

Instructor Name/Signature \_\_\_\_\_

Associate Dean of Academic Affairs Name/Signature: \_\_\_\_\_