Tulane School of Social Work
Incomplete Grade Contract

Student First and Last Name: ____________________________ Tulane ID Number: ____________________________
Course Number and Section: ____________________________ Course Name: ____________________________
Instructor: ____________________________ 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: _________________________________

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