PACIFIC LUTHERAN UNIVERSITY
OFFICE OF THE REGISTRAR
INCOMPLETE CONTRACT

SHADED AREA TO BE COMPLETED BY STUDENT*

Student's Name (Last, First, MI) _____ ID Number _____

Course Prefix and Number _____ Credit Hrs. _____ Title _____

Term: ☐ Fall _____ Year ☐ J-term _____ Year ☐ Spring _____ Year ☐ Summer _____ Year

AN INCOMPLETE GRADE IS REQUESTED BECAUSE:
(Be specific, e.g., illness, death in the family, military orders.)

_____

_____

_____

_____

Student Signature _____ **Date** _____

***When necessary, instructors may complete the entire form.**

TO BE COMPLETED BY INSTRUCTOR

If the below requirements ARE NOT satisfied and a replacement grade is not submitted by the incomplete deadline (listed in the class schedule), the Registrar's Office is instructed to enter the grade of:

Circle One: A A- B+ B B- C+ C C- D+ D D- E P F

The following specific course requirements **MUST** be completed before the Incomplete is converted to a letter grade. Please indicate if you prefer to use an earlier deadline.

_____

_____

_____

_____

_____

_____

Instructor Signature _____ **Date** _____

WHITE COPY – Submit with grade roster YELLOW COPY – Student PINK COPY - Instructor

Revised Oct.05 (500)