

**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	CRN	Credit Hrs.	Title
Term: <input type="checkbox"/> Fall _____	<input type="checkbox"/> J-term _____	<input type="checkbox"/> Spring _____	<input type="checkbox"/> Summer _____
Year	Year	Year	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 final grade is not submitted by the sixth week of the next term OR an alternate date of _____ as agreed to by the instructor and student, 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 incomplete was awarded because of the following circumstances: _____

The following specific course requirements **MUST** be completed before the Incomplete is converted to a letter grade.

Instructor Signature	Date
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