



KEAN

Request for an Incomplete Grade and Contract Form

Student ID _____ Student First Name _____ Student Last Name _____

Semester: Fall 20__ Winter 20__ Spring 20__ Summer I 20__ Summer 2 20__

Academic Level: Undergraduate Graduate Doctoral

Course Number _____ Section Number _____ Course Title _____

Instructor Name _____ Department/School _____

Reason for Incomplete:

Include attachment if needed. Medical documentation should not be included for confidentiality/privacy reasons and must be referred to the Kean Wellness Center.

Additional Incompletes Requested: None _____
List all course and section numbers

Students are strongly encouraged to discuss incomplete prerequisite courses with their faculty advisor and establish a completion deadline prior to the next semester or delay progress to the next course until the following term.

Plan for Removal of Incomplete:

How will the coursework to be completed? Include attachments, if needed. **Instructors must extend the time (under Course Properties) that the Canvas course is to remain open for the student to be able to review recorded sessions and access course materials.**

Completion Deadline: _____ Grade As of Date: _____

The completion deadline is the date by which work must be complete and submitted for final grading. **This date must be within 10 weeks of the conclusion of the semester or session.** The grade as of date is the student's current grade in the course based upon what has been submitted. The grade as of date will become the recorded final grade if the work is not completed satisfactorily by the completion deadline. **Note: Failure to specify a grade above will result in an "F", "U", or "NC" being entered if work is not completed by deadline indicated.**

Student Acknowledgement:

I understand that it is my responsibility to successfully complete and submit the outstanding work by the deadline indicated or may grade in the course will be recorded as indicated above, which may be an "F", "U" or "NC" grade.

Student's Signature _____ Student's Email Address _____ Date _____

Required Approvals:

Instructor Signature _____ Date _____ Department Chair/Executive Director Signature _____ Date _____

Copies to: Program Director/Chairperson/Coordinator, Instructor and Student

For more information about an Incomplete, please see the Kean University Undergraduate or Graduate Catalog.