



## ENGLISH DEPARTMENT INCOMPLETE GRADE AGREEMENT

Date: \_\_\_\_\_

Instructor: \_\_\_\_\_

Student: \_\_\_\_\_

Course Number: \_\_\_\_\_

Semester: \_\_\_\_\_

Final Due Date for All Work: \_\_\_\_\_

### Plan of Work:

### Grades so Far:

### Number of Absences:

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In order for me to be eligible to earn a passing grade in this course, I understand that I must complete the above assignment(s). I understand that failure to complete the assignment(s) by the given date will result in a failing grade for the assignment(s) and class.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Program Director *(if instructor is a TA)*

\_\_\_\_\_  
Date

*Student and instructor must retain a copy for their records; if instructor is a TA, a copy must also be submitted to the program director.*