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Completion of a Grade of Incomplete Agreement

An Academic Agreement

After it is signed a copy of this form should be given to the student and a copy kept by the department.
(No copy needs to be sent to the Dean's office)

Student and Course Information

Print Last Name, First Name, MI _____ Student ID _____

Print Instructor Name: Last, first _____ Course/Section Number _____

Term in which course was taken: Fall Spring Summer Year 20_____

Grade assigned: "I"

Reason for the incomplete. An "I" (s)116.811 T9 ETxh_____

Deadline

Signature Approvals indicating agreement with the above conditions.

Student. I understand and agree to the above conditions.

Student Signature _____ Print Student e-mail _____@colorado.edu _____ Date

Instructor Signature _____ Date _____ Print Instructor e-mail _____

Print Associate Chair Name: Last, First _____ Associate Chair Signature _____ Date