

INSTRUCTOR/STUDENT CONTRACT FOR INCOMPLETE COURSEWORK

UCB DEPARTMENT OF PSYCHOLOGY

Instructor: _____
Course: Psych _____ Course Control #: _____
Semester/Year: Fall _____ Spring _____

Name of Student: _____
Student ID: _____

REASON FOR INCOMPLETE:

Note: Only students whose work is of passing quality and who cannot complete coursework due to circumstances beyond their control may receive "I" grades.

% OF WORK COMPLETED: _____ **GRADE:** _____

WORK TO BE COMPLETED:

(Describe: papers, exams, projects, etc. to be completed and percentage of total grade)

DEADLINE: _____

Student's Signature: _____ Date _____

Students are responsible for paying fees and submitting the "Removal of an Incomplete" form to the instructor for a grade and signature. Work should be completed within two semesters. Consult the Graduate Student Handbook for additional information

Instructor's Signature: _____ Date: _____

Instructors should submit completed form to the Student Services Office (3305 Tolman Hall)

Instructors who will be off-campus and unavailable during the semester(s) following an incomplete should make specific arrangements for grading work and attach a course syllabus to this form. This form must be filled out for each student who receives an "I" grade for the course and submitted to the Psychology Graduate Student Affairs Officer at the end of the semester.