

INCOMPLETE COURSEWORK CONTRACT

UC BERKELEY DEPARTMENT OF PSYCHOLOGY

Name of Student: _____ SID: _____

Name of Instructor: _____

Semester & Year: _____ Course #: Psych _____ Class #: _____

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 ALREADY COMPLETED: _____ CURRENT GRADE: _____

WORK TO BE COMPLETED:

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

DEADLINE (must not extend past the Office of the Registrar's deadline): _____

Student 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 must be completed within the two semesters limit and prior to the deadline established here.

Instructor Signature: _____ Date: _____

Instructors should submit completed form to the Student Services Office (Berkeley Way West Suite 2210).

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 Undergraduate Advisor at the end of the semester.