



**MEDGAR
EVERS
COLLEGE**
THE CITY UNIVERSITY
OF NEW YORK

Incomplete Grade Agreement Form

Student Information	
Name: _____	Telephone 1: _____
Email: _____	Telephone 2: _____
Address: _____	Social Security: _____

Faculty Information	
Name: _____	Telephone: _____
Email: _____	

Course Information	
Course Title: _____	year: _____
Number and Section: _____	fall/spring: _____
Reason for INC grade _____	

Stipulations	
Anticipated completion date for the work:	
Detailed description of work to be completed:	complete
1.	<input type="checkbox"/>
2.	<input type="checkbox"/>
3.	<input type="checkbox"/>
Anticipated grade in course upon satisfactory completion of the work above:	



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Student responsibilities

I, _____, will complete the work described above by the date indicated. I understand that if the necessary work is not completed during this period, I will receive a grade of FIN for the course.

Faculty responsibilities

I agree to assign an INC to the student for the relevant semester. I also agree that if the student completes the work listed above within the time span agreed to, I will change the student's grade to an appropriate letter grade.

Signatures

Faculty: _____ Date: _____
Student: _____ Date: _____

Follow up

Date Completed: _____ Grade Assigned: _____
Comments: _____