School of Public Health
Graduate Student Incomplete Contract

Name: _____ **UID:** _____

E-mail: _____ **Program of Study:** _____

Course Number: _____ **Section Number:** _____ **Semester & Year:** _____

Faculty Name: _____ **Date of Contract:** _____

An incomplete ("I") is an exceptional mark that an instructor may award to a student in exceptional circumstances and at the instructor's discretion. It is given only to a student whose work in a course has been qualitatively satisfactory, but who is unable *because of illness or other circumstances beyond the student's control* to complete some portion of the course requirements. In no case will the "I" be recorded for a student who has not completed the major portion of the course work. In accordance with the policies set forth by the UMCP Graduate School, when the "I" mark is awarded a "*Graduate Student Incomplete Contract*" must be completed, which specifies the work remaining to be completed. It must be signed by the instructor and the student, and maintained by the department offering the course.

The mark of incomplete in graduate-level courses **will not** automatically roll-over to letter grades. The student will remove the "I" by completing work assigned by the instructor. It is the student's responsibility to request arrangements for completion of the work. The "I" cannot be removed through registration for the course, or through the technique of "credit by examination." Normally the time for making up incompletes is short; **under no circumstances** will the period extend more than **one year**.

Terms of the Incomplete Contract: (to be completed by the Instructor)

1. **The above named student is eligible to receive a mark of "I" for the course specified. The "I" will be converted to a letter grade upon completion of the following course requirements:**

   _____

   _____

   _____

   _____

2. **The course work specified above shall be completed by** _____.
   (Month / Day / Year)

3. **If the work is not completed by the above date, the "I" will be converted to a grade of** _____.

Student Signature	***Date***	***Faculty Signature***	***Date***

Copy to:
(1) Student's File (with documentation)
(2) Student
(3) Advisor
(4) Director of Graduate Studies of Department Chair