



California State University SAN MARCOS

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INCOMPLETE AGREEMENT

Part I: STUDENT INFORMATION

Student Name: Last _____ First _____ Middle _____
Student ID: _____ CSUSM Email: _____@cougars.csusm.edu
Address: _____ Contact Phone Number: _____
City: _____ State: ____ Zip: _____

Part II: CONDITIONS

In accordance with Executive Order No.1037, the undersigned student and instructor agree to the following assignment of an "I" -Incomplete grade:

Current Term: Fall 20__ Spring 20__ Summer 20__

Class Number (CRN): _____ Course Title (e.g., HIST 130): _____

Reason for the Incomplete: _____

Conditions for removal of the "I" grade:

State precisely what work must be done and what percentage of the final grade this work represents. Attach documentation, if more space is needed.

Target Completion Term: Fall 20__ Spring 20__ Summer 20__

Example: If the "I" grade was assigned in Fall 2007, the target completion term will be Fall 2008.

The instructor may assign a specific letter grade at the time the Incomplete is assigned, which would replace the "I" in the student's record after the calendar year deadline. Grade earned to date: _____ *Optional, not required.

Signatures confirm agreement to the terms specified above.

(Note: Email from students' CSUSM email will be accepted as an electronic signature. Print & attach to form.)

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Distribution: Original to Department/Copy to Student

Part III: GRADE CHANGE **Upon completion, this form must not be handled by student.**

The instructor may assign a specific letter grade at the time the Incomplete is assigned, which would replace the "I" in the student's record after the calendar year deadline.

Date conditions were met: _____ Grade Earned: _____

Grade earned at the time the Incomplete Agreement Form was signed (see above): _____

My signature confirms that the student has completed the requirements of the agreement.

Instructor Signature: _____ Date: _____

Distribution: Original to Registration & Records/Copy to Department

For Office Use Only:

Date Processed: _____ Staff Initials: _____

Revised November 9, 2017