

KANSAS STATE **UNIVERSITY**

Office of the Registrar

Incomplete Grade Agreement between Student & Instructor for Incomplete Grades earned Fall 2018 or later

[University Handbook, F83](#)

Student Name: _____ **WID:** _____

Course Number _____ **Credits** _____ **Class Number (5-digit)** _____

Course Name _____ **Course Term** _____

Reason for Incomplete:

Specific requirements for resolving the Incomplete (I) grade. Include details of remaining requirements to be completed. This may include maximum grade points possible for specific assignments/examinations.

Required Resolution Date _____

Date by which the incomplete must be resolved, if prior to end of next regular term (fall or spring)

Current grade points accumulated by student / maximum points possible in course:

_____ / _____

Current grade: _____

I (student) acknowledge that I have read and understand the Incomplete Policy in the University Handbook, Section F83. <http://www.k-state.edu/provost/universityhb/fhsecf.html>

Student Signature: _____ **Date:** _____

Instructor Name (printed) _____

Instructor Signature _____ **Date:** _____