Suffolk University
Incomplete Contract

Section A: To be completed by Student
Name____________________________________ ID#____________________________ Date________________________
Address____________________________________________________________________________________________________ 
Phone (c)_______________________ Phone (h)______________________ (E-mail)_________________________________
Course Number & Section: ________________ Semester/Year Taken: ________________ 
Course Title:___________________________ Faculty:___________________________ 
Reason for Incomplete Request (attach supporting Information or documentation for your request if necessary): 
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Section B: To be completed by Instructor
The student satisfactorily completed 50% of the coursework: __ Yes     __ No (incomplete not appropriate)
The student understands all assignments/assessments to be done: __ Yes     __ No (document this below)
The instructor has recorded grades for all completed work and can __ Yes     __ No calculate an accurate grade upon completion of remaining work. 
The student will complete all work by the end of the next semester __ Yes     __ No (“I” turns to “F” after 1yr)

Itemize Remaining Course Requirements: (For additional space attach a letter to this form.)
Also attach a copy of the syllabus to this form.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
The incomplete becomes an “F” if not completed in full as detailed above by (DATE): ________________
Student Signature: _____________________________________ Date:___________________ 
Instructor Signature: _____________________________________ Date:___________________
Chairperson Signature ____________________________________ Date:___________________