

COMMUNITY COLLEGE OF ALLEGHENY COUNTY

Allegheny Campus
808 Ridge Ave
Pittsburgh, PA 15212
412.237.2589

Boyce Campus
595 Beatty Rd
Monroeville, PA 15145
724.325.6602

North Campus
8701 Perry Hwy
Pittsburgh, PA 15237
412.369.3656

South Campus
1750 Clairton Rd
West Mifflin, PA 15122
412.469.6241

Incomplete ("I") Grade Agreement Form

An incomplete ("I") grade may be given at the discretion of the instructor. An "I" grade can only be given for the final grade, not at midterm. The instructor and the student must agree to postpone the completion of certain required coursework and to a timetable for completion of the work not to exceed eight weeks into the following regular semester. An Incomplete ("I") Grade Agreement Form must be signed by the instructor and submitted to the office of the associate dean of Academic Affairs at the time that the "I" grade is given.

When the required work has been completed, the instructor will submit a Change of Grade Authorization. If the work is not completed by the agreed-upon deadline, the instructor can issue the grade earned at the time when the "I" grade was agreed upon. If no Change of Grade Authorization is received from the instructor within the eight weeks into the following semester, the "I" grade will automatically be converted to the grade earned or to an "F" grade.

Please **type** or **print** legibly and complete all items.

Student Name: _____ ID #: _____

Current Address: _____

Home Phone: _____ Alternate Phone: _____ Email: _____

Term: Fall 20 _____ Spring 20 _____ First Summer 20 _____ Second Summer 20 _____

Course Number & Section: _____

Instructor's Name (please print): _____

To eliminate this "I" grade and complete this course the following work must be completed: _____

Date agreed to for completion of all work listed above: _____

If the work is not completed by the date agreed upon, the grade to be posted after the eighth week will be:

A B C D F

Instructor Signature: _____ Date: _____

Student Signature: (optional) _____ Date: _____

FOR OFFICE USE ONLY

Date received in associate dean of Academic Affairs office Date: _____

Date sent to Academic Management Services Date: _____

Date Change of Grade Authorization received by associate dean of Academic Affairs office (from card) Date: _____

Date Change of Grade Authorization submitted to Academic Management Services (from card) Date: _____

Copies distributed by associate dean of Academic Affairs office:

Academic Management Services associate dean, Academic Affairs Student Records Instructor Student
(original)

