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### Completion of a Grade of Incomplete Agreement

#### An Academic Agreement

After it is signed a copy of this form should be given to the student and a copy kept by the department.  
(No copy needs to be sent to the Dean's office)

#### Student and Course Information

Print Last Name, First Name, MI \_\_\_\_\_ Student ID \_\_\_\_\_

Print Instructor Name: Last, first \_\_\_\_\_ Course/Section Number \_\_\_\_\_

Term in which course was taken:  Fall  Spring  Summer Year 20\_\_\_\_\_

Grade assigned:  "I"

Reason for the incomplete. An "I" (s)116.811 T9 ETxh\_\_\_\_\_

#### Deadline

#### Signature Approvals indicating agreement with the above conditions.

**Student.** I understand and agree to the above conditions.

\_\_\_\_\_  
Student Signature \_\_\_\_\_ Print Student e-mail \_\_\_\_\_@colorado.edu \_\_\_\_\_ Date

\_\_\_\_\_  
Instructor Signature \_\_\_\_\_ Date \_\_\_\_\_ Print Instructor e-mail \_\_\_\_\_

\_\_\_\_\_  
Print Associate Chair Name: Last, First \_\_\_\_\_ Associate Chair Signature \_\_\_\_\_ Date