

Conditions for an Incomplete Grade and its Removal CONTRACT FORM

Instructor:	Semester & Year:		
Program/School:			
Student: Course* Section #	ID: Class	Level: Choose class level	
Reason for Incomplete (include attach	ment if needed):	Other Inc's being requested:	
		Course* Section #	
* Students are strongly encouraged to discuss in deadline.	ncomplete prerequisite courses witl	n their faculty advisor and establish a completio	
Plan for Removal of Incomplete (specif	fication of work to be comple	ted, include attachments if needed):	
Date by which work must be complete Note: The final grade must be submitted to the		annroved arade change form no later than	
the last day of the tenth week of the conclusion		approved grade change joint no later than	
Instructor Signature and Date	Student Signature an	d Date	
or Attach Wenzhou-Kean/Kean Email confirma	_	or Attach Wenzhou-Kean/Kean Email confirmation	

For more information about an Incomplete, please see the Kean University Undergraduate or Graduate Catalog.

Copies to: Executive Director/Chairperson/Coordinator, Instructor and Student