



# Leech Lake Tribal College Incomplete Contract Form

## Course Information:

Semester & Year: \_\_\_\_\_ Advisor: \_\_\_\_\_

Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Credit Hours: \_\_\_\_\_

## Student Information:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## NOTE TO STUDENT:

A grade of an **Incomplete "I"** is granted to students whose course work at the end of a term is still in progress and at least **70% Complete**. Such grades will be restricted to those circumstances in which there have been extenuating circumstances, and the instructor and student have developed an **INDIVIDUALIZED EDUCATION PLAN WITH OUTLINED STEPS AND TIMELINES FOR COMPLETION**. This plan must be approved by the Instructor and must be submitted to the registrar prior to the last day of the semester.

Educational Objectives

Completion Dates

Educational Objectives	Completion Dates
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Change of Grade Form will be submitted by date:

\_\_\_\_\_ (No more than 20 business days into the next semester)

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Original: Registrar  
Cc: Academic File