

The University of Texas of the Permian Basin
Office of the Registrar
Report for Incomplete Work

Semester - Fall Spring Summer (circle)

Year - _____

Instructor - Please complete the following:

1. Complete for each student you award the grade of "I"
2. Be sure the student understands all conditions of the contract and receives a copy after both of you have signed below
3. Submit this copy with your grade sheet to the Registrar's Office.

Student Name _____

Student ID# _____ Instructor _____

Discipline _____ Course & Section # _____

If the work is not completed by the deadline, the grade in the course will be _____.

Brief statement as to why student did not complete the course work:

Work to be completed:

Date work is to be completed by: _____
(No later than the last class day of the next subsequent Fall or Spring semester.)

Student Signature _____ Date _____

Instructor Signature _____ Date _____

Instructor, please give address and phone number for the next semester if you will be moving.

Address _____ Phone _____