

DE LA SALLE HIGH SCHOOL
INCOMPLETE GRADE AGREEMENT FORM

Teacher and Student must complete form

DATE: _____

Student Name: _____ Grade: _____

Course: _____ 1st Semester 2nd Semester

Reasons for issuing the incomplete grade:

Student was ill and/or hospitalized for illness or injury

Student required extra time to complete assignments – Explain:

Student missed class assignments due to extenuating circumstances – Explain:

All work must be completed within two weeks of the end of the semester. See MaryAnn Mattos for approval if date cannot be met.

Student's Agreement:

I have discussed the incomplete grade with my teacher and I have a definite set of assignments to complete the make-up work by a specific date and /or I have scheduled a date for missing exams. I further understand that if my work is not completed by the deadline, the grade becomes an "F".

Date make-up work/exam must be completed

Student's signature

Teacher's signature

If teacher was unable to obtain student signature, student was notified in the following manner: _____