



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:

Students must have been in attendance during the semester, and must have satisfactorily completed at least **70% of the semester's course work**. Students will then receive an **"I" Incomplete**. Such grades will be restricted to those requests in which there have been extenuating circumstances, and the instructor and student have developed an **individual education plan with outlined steps and completion dates not to exceed 20 days after the new semester has started**. Instructor will obtain approval/signature from the Department Chair and the Dean of Academics. All Incomplete Contracts are due to the Registrar on the same day as final grades are due, within the appropriate semester.

Educational Objectives

Completion Dates

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Change of Grade Form will be submitted by date: _____

(On or before due date per the Academic Calendar)

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Dean of Academics Signature: _____ Date: _____

Revised by: Cindy Wilson
12/28/2023