

Metropolitan State University of Denver
School of Professional Studies
Department of Engineering & Engineering Technology
INCOMPLETE (I) AGREEMENT FORM

Student Name _____ Student ID # _____

Major: _____

Course Nr/CRN: _____ Course name: _____

Academic Year: _____ Semester: _____

Reason of requesting the Incomplete: _____

Faculty issuing the Incomplete (I): _____

Please describe the work that has to be completed within one Academic year
in order to change the I grade (faculty): _____

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Department Chair Signature: _____ Date: _____

Note: Student has to meet all requirements regarding the “Incomplete” listed
in the current Catalog.