RECORD OF ASSIGNING AN INCOMPLETE GRADE IN FIELD PRACTICUM

(Office Use Only):

Name _____

Grade Changed From "I" to _____

Grade Form on File? ☐Yes ☐No

Date of Change _____

Approved for Change _____

Instructions: Student complete form. Secure top four signatures. Return to Field Office.

Today's Date: _____

Anticipated Graduation Date: _____

Student Name: _____

Social Security #: _____

Agency: _____

_____

(Address) (City) (State) (Zip)

Field Instructor: _____

Instructor Telephone #: _____ **Instructor E-mail:** _____

Field Practicum Course (check one)**:** ☐ FP**I** ☐ FP**II** ☐ FP**III** ☐ FP**IV** ☐ AF**1** ☐ AF**2** ☐ AF**3**

Semester (check one)**:** ☐ Fall ☐ Spring ☐ Summer **Year:** _____

Progress at this time (check one)**:** ☐ Satisfactory ☐ Unsatisfactory

Reason for Awarding Incomplete: Give the specific reason for an "Incomplete" grade to be assigned in this course. (*The reason will ordinarily be something beyond the control of the student).*

Removal of the Incomplete: Describe exactly what must be done before the "Incomplete" grade can be changed (be specific). Include the number of clock hours completed during this semester and the number of clock hours remaining to complete the field course.

Agreed Upon Date for Completion of Field Course: _____

Approvals:

_____ _____

Student Signature Field Instructor Signature

_____ _____

Faculty Liaison Signature Faculty Advisor Signature

_____

Director of Field Education Signature

cc: Student, Student File, Field Instructor, Faculty Liaison, Faculty Advisor, Director of Field Education