

MSSW Program

**Incomplete Grade Form**

Student Name & UT ID Number:

Course Title:

Course & Section Numbers: Semester/Year:

Instructor:

Reason(s) for the incomplete grade. Please be specific.

Plan for completing course work. Clearly identify (1) what the student must do to complete the course, (2) when the work must be completed, and (3) what the consequences will be if the plan is not followed.

Instructor's Signature: Date:

Student's Signature Date:

Distribution: Original completed file should be placed in the student's file, one copy given to the student, and one copy retained by the instructor.