



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:

A grade of an **Incomplete "I"** is granted to students whose course work at the end of a term is still in progress and at least **70% Complete**. Such grades will be restricted to those circumstances in which there have been extenuating circumstances, and the instructor and student have developed an **INDIVIDUALIZED EDUCATION PLAN WITH OUTLINED STEPS AND TIMELINES FOR COMPLETION**. This plan must be approved by the Instructor and must be submitted to the registrar prior to the last day of the semester.

Educational Objectives

Completion Dates

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

Change of Grade Form will be submitted by date:

_____ (No more than 20 business days into the next semester)

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Original: Registrar
Cc: Academic File