The John Leland Center for Theological Studies
Faculty/Student Agreement for a
Temporary Grade of “I” Incomplete

• It is understood that students may encounter extreme circumstances that may prevent them from completing a course at the regularly scheduled time. Incompletes are issued at the sole discretion of the Professor of Record and only due to extreme circumstances.
• It is understood that taking an Incomplete can have financial aid implications. Before seeking an Incomplete of any length, students should consider the impact upon any scholarship award or veteran’s benefits received and discuss the potential impact with the scholarship donor, their Department of Veteran Affairs counselor, and/or the Leland Registrar as needed.

Student Name: _____________________________________
Telephone #: __________________ Email: ____________________________________

Semester: TERM 20____
FALL ___ SPRING ___ SUMMER I ___ SUMMER II ___ JANUARY___

Course Name: _______________________________________________
Course #: _____________

Faculty Name: _______________________________________________

Reason student cannot complete the course during the registered term:

____ Illness

____ Death in Family

Other: ____________________________________________________________

List of assignments to be completed by the student (course syllabus can be included for reference):

The work for this Incomplete will be completed by (select one):

• Fall or Spring semester course: 90 days after the end of the course [insert date]: __________
• Other academic terms: 60 days after the end of the course [insert date]: ________________
• Other (list specific date less than one year from the end of the course): ________________
If the missing assignments are not submitted by the final deadline, those assignment(s) will be recorded with a grade of 0, and the student will receive the following grade for the course: ____

*I understand that as the student I am accountable to meet the deadline date and that it is my responsibility to maintain contact with the faculty member regarding this work.*

Student Signature: _______________________________ Date: ________________

Faculty Signature: _______________________________ Date: ________________

This form must be completed and submitted to the Registrar’s office by the faculty member before an Incomplete may be recorded in the student record. Keep a copy for your records.

Students whose service in the Armed Forces of the United States or Commonwealth of Virginia has required their sudden withdrawal or prolonged absence from Leland and who do not wish to withdraw should contact their professor and the Registrar’s office about incomplete procedures. These students may be given the option of taking their examinations prior to regularly scheduled times in accordance with the State Council of Higher Education for Virginia Guidelines on Tuition Relief, Refund, and Reinstatement.

*Extension of Incomplete Agreement*

The missing assignment(s) must be submitted by the above deadline unless the professor has granted an extension for an additional specific period due to the extreme circumstances and records the extended deadline on this agreement. The student and professor must sign the agreement below. **The total time allowed to remove and replace an incomplete designation with a grade must be less than one year from the end of the course.**

- Extended deadline date: __________________

Signatures for extension:

Student Signature: _______________________________ Date: ________________

Faculty Signature: _______________________________ Date: ________________