



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 days into the next semester)

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____

Original: Registrar
Cc: Academic File
Financial Aid Office
Academic Advisor