

**INDIANA UNIVERSITY  
SCHOOL OF SOCIAL WORK  
PH.D. PROGRAM  
RECORD OF INCOMPLETE AND CONTRACT FOR  
COMPLETION OF COURSE REQUIREMENTS FORM**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

Course Number: \_\_\_\_\_ Section Number: \_\_\_\_\_

Credit Hours: \_\_\_\_\_ Semester & Year of Enrollment: \_\_\_\_\_

Brief Statement of the reason for assigning the Incomplete Grade:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational contract for completion of course requirements and removal of the Incomplete Grade:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Due date for completion of outstanding course work: \_\_\_\_\_

Expected grade if contract if not fulfilled: \_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Reviewed by Program Director \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*\*\*Return to Ph.D. Recorder\*\*\*\*\*  
Copy: Advisor, Instructor, Program Director, Recorder, Student, Student's file**