

UNIVERSITY OF PITTSBURGH
School of Health & Rehabilitation Sciences
COMPLETION AGREEMENT OF INCOMPLETE CREDITS

Name: _____

Pitt Email: _____

PeopleSoft ID (7 digits): _____

SHRS Program (Circle one)

Grad level - CSD HIM OT PT RST RC P&O PAS SMN

Undergrad level - CSD EM HIM AT CDN Rehab-Sci

Class Subject & Number: _____ Catalog (section) Number: _____

Credits: _____ Term Taken: _____

Instructor: _____

Expected Date of Completion: _____

(Must be completed by no later than the end of the next consecutive semester- Summer term included)

Objectives for Completion: (Attach additional pages if more space is required)

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Advisor's Signature _____ Date _____

Four (4) completed and signed copies of this form are needed: One for the student, instructor and advisor. The 4th copy should be submitted to the SHRS Registrar's office, 4019 Forbes Tower, **no later than the end of the add/drop period for the current semester.** These two conditions will cause a student to receive a failing grade from the instructor: (1) the student fails to submit this form to Student Services before the end of the add/drop period of the following term. (2) the student fails to complete the work by the end of the next consecutive semester.

Student Services use only

Comments on Progress:

Grade Change Completed On: _____