UNIVERSITY OF PITTSBURGH

School of Health & Rehabilitation Sciences

COMPLETION AGREEMENT OF INCOMPLETE GRADE

for GRADUATE STUDENTS

First & Last Name:	Pitt Email:
PeopleSoft ID (7 digits):	Department:
Subject code & catalog #(4 digits):	Term Taken:
Class # (5 digits):	# of Credits:
Instructor:	
Expected Date of Completion:	
The course work must be completed no later than	the end of the next consecutive term- (Summer term included)
Objectives for Completion :	
After everyone signs, the completed form at kbeach@pitt.edu, before the add/drop	m needs to be emailed to the SHRS Registrar, Kellie Beach deadline of the next consecutive term.
at Recach Spinisau, serore the data crop	deduction of the next consecutive term.
Student's Signature	Date
S	
Instructor's Signatura	Date
Instructor's Signature	Date
Advisor's Signature	Date
These two conditions will cause a student to rece (1) The student/instructor fails to submit the for (2) The student fails to complete the course wor	ms to the Registrar by the add/drop deadline of the next consecutive term.
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	Student Services use only

Grade Change Completed On:_____