WINDWARD COMMUNITY COLLEGE
“I” (Incomplete) FORM

1. Semester ____________ 2. Instructor ______________________
3. Course _______________ 4. CRN _______________________
5. Student’s Name ________________________________
6. UH ID/Username ________________________________

7. Last date to complete _________________________
(Note: Last possible date for completion coincides with the last date to withdraw of the following academic semester.)

8. Specific requirements to be completed:

9. Method of completion:

10. Contingency Grade: I / ______
(Grade student will earn if requirements are not completed. For example, Student X has done most of the assignments but misses the final. Student X agrees to take a make-up final, but does not. Then the contingency grade, that grade earned without the make-up work, should be indicated. For example I/C or I/F, etc.):

Student’s signature __________________________ Date_____________
Instructor’s signature ________________________ Date_____________

Instructor Contact Information:

Phone ____________________ Email ____________________________
Other _______________________________

Rev 9/7/16