

Effective Teaching Program

INCOMPLETE FORM

Name _____ Instructor _____

Course _____ Location _____

_____ Beginning and Ending Course Dates

_____ # of Session(s) to be Completed

_____ Action Assignment(s) to be Completed

_____ Course Project to be Completed

Plan to complete course requirements (please specify dates) _____

I realize that it is my responsibility to complete the above mentioned plan, and the grade of "I" (Incomplete) does not preclude my receiving a grade of "A" for the course. I also have been informed that I have **(5) months** from the ending date of the course to complete the requirements for courses sponsored through **The College of Saint Rose**. **For Long Island University I have 4 months**. I have **(11) months** to complete the requirements for courses sponsored through **Adelphi University, Touro College and Mercy College**.

All work must be completed on or before _____

(5 months for CSR)

(4 months for LIU)

(11 months for Adelphi, Touro and Mercy)

(3 weeks from the start of the next session for Gibbs)

Participant _____

Instructor _____