**Amended COVID-19 Incomplete Grade Status**

**Please print or type clearly.**

Student Number:

Student Name:

 (Last) (First) (Middle Initial)

Semester and Year:

Course No.: \_\_\_\_\_\_\_Course Title:

**Justification for Incomplete Grade.**

**Contract for Completion of Work. Please describe specific deficiencies to be corrected for credit to be awarded. Incomplete grades that are not corrected by the end of the following fall 2020 semester will automatically change to an F.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Student Signature (typed will suffice) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Instructor Signature (typed will suffice) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Academic Dean Signature (typed will suffice) Date

Reasonable accommodations, including materials in an alternative format, will be made for individuals with disabilities when a minimum of five working days advance notice is given. For the general public, please contact TOCC at (520) 383-8401.