



**WARNER**  
 SCHOOL OF EDUCATION  
 UNIVERSITY of ROCHESTER

# MEMO of UNDERSTANDING: INCOMPLETE GRADES

Submit completed form to Office of Student Services Administrator  
 U of R Warner School, Dewey Hall, R.C. Box 270425  
 Rochester, New York 14627-0425

**Please Type or Print**

## STUDENT'S PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First Middle

UR ID# (not SSN): 

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Phone #(s): ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Phone Work Phone

E-mail Address: \_\_\_\_\_

## COURSE & COMPLETION INFORMATION

Course #: \_\_\_\_\_ Title: \_\_\_\_\_

Term:  Fall  Spring  Summer Year: 20\_\_\_\_ Instructor: \_\_\_\_\_

Current Grade, if based on work already completed: \_\_\_\_\_

Date by which coursework is to be completed (not to exceed one [1] year): \_\_\_\_\_

Course requirements yet to be completed (please be specific): \_\_\_\_\_

## SIGNATURES & APPROVALS

Student: \_\_\_\_\_  
Signature Date

Instructor: \_\_\_\_\_  
Signature Date

Dept. Chair: \_\_\_\_\_  
 (only if necessary) Signature Date