

INCOMPLETE AGREEMENT

STUDENT'S NAME _____ SSN _____

I, the undersigned, am aware that I am being admitted on an "incomplete" basis pending the receipt of the following credentials which have not been received by the Office of Admissions.

I agree to assume responsibility for seeing that the above credentials are received by the Office of Admissions within fifteen (15) days of this date, and I understand that until such credentials are received, I cannot receive transcripts for credits earned, and I will not be allowed to register for classes.

SIGNATURE _____
Student

Authorization for
Admitting Incomplete:

White-Admissions

Canary-Student

Publication No. 60-040327-0902

College Official

DATE _____
