

# INCOMPLETE COURSE GRADE (I)

CCAS Undergraduate Studies Office  
801 22nd St, NW  
Phillips Hall 107  
Washington, DC 20052  
**Phone:** (202) 994-6210 **Fax:** (202) 994-6213



Arts &  
Sciences

The symbol I (Incomplete) indicates that a satisfactory explanation has been given to the instructor for the student's inability to complete the required course work during the semester of enrollment. At the option of the instructor, the symbol I may be recorded if a student, for reasons beyond the student's control, is unable to complete the work of the course, and if the instructor is informed of, and approves, such reasons before the date when grades must be reported. Once this contract is complete, please turn it into your advising POD in Phillips 107.

Name: \_\_\_\_\_ GWid: 

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Last Name First Name M.I.

Daytime Phone: \_\_\_\_\_ GW E-mail: \_\_\_\_\_@gmail.gwu.edu

TERM	CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE	INSTRUCTOR NAME

***The validity of this contract is contingent upon all boxes being checked "Yes"***

Has the student's prior performance and class attendance in the course been satisfactory up until this date?  Yes  No

Has the student presented adequate reasons/documentation for the inability to complete remaining assignments on time?  Yes  No

Has the student completed the majority of coursework required for the class?  Yes  No

Is the most up-to-date syllabus for the course included with this contract?  Yes  No

Do you understand that once an Incomplete is given, the student cannot re-enroll in the course or "sit-in" on the course in a future term?  Yes  No

What work must the student do to complete the course? Identify, specifically, the type of work product (e.g. paper, exam) and the number of assignments.

How will the semester grade be computed? Identify all elements in the final grade and attach any necessary materials so that the grade can be computed in your absence.

All work to be completed by\*: \_\_\_\_\_  
*\*May not exceed one calendar year*

**I have reviewed the conditions above and as stated in the current *University Bulletin* by which I will be assigned an Incomplete and understand what I must do to meet these conditions. Additionally, I understand how this Incomplete may impact my satisfactory academic progress in terms of any federal financial aid I may receive.**

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

***Academic Departmental Approval(s)***

Instructor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

If Part-time Instructor, Chair Approval: \_\_\_\_\_ Date: \_\_\_\_\_