The symbol I (incomplete) indicates that a satisfactory explanation has been given 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. This symbol may be used only if the student’s prior performance and class attendance in the course have been satisfactory. The symbol I cannot be changed by re-registering for the course at GWU or by taking its equivalent elsewhere.

Note: Along with the course syllabus, this contract must be turned in to the CCAS Undergraduate Studies Office. A copy will be sent afterward to the departmental office.

Name: ___________________________ GWid: ________________
Last Name First Name M.I.

Daytime Phone: ____________________ GW E-mail: ____________________@gwmail.gwu.edu

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Is the student receiving passing grades in the course?

☐ Yes ☐ No

Has the student presented adequate reasons/documentation for the inability to complete all assignments on time?

☐ 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

Departmental Approval(s)

Instructor Approval: ___________________________ Date: ______________

If Part-time Instructor, Chair Approval: ___________________________ Date: ______________

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 them.

Student Signature: ___________________________ Date: ______________