

# 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 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 reregistering 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: 

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Last Name                      First Name                      M.I.

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

CRN	SUBJECT	COURSE NUMBER	SECTION	CREDITS	TITLE	INSTRUCTOR NAME

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: \_\_\_\_\_