



INCOMPLETE GRADE CONTRACT

Office of Admissions & Records

To Be Completed by Student

Date: _____ Semester/Term: Spring Summer Fall Year: _____

Name: _____ Student ID No.: _____
Last Name First Name MI

Telephone: _____ Student Email: _____

Class: _____ Title: _____ Units: _____
Example: ENGL-101C-04 (077074) Example: Critical Thinking and Composition 3.00

Title 5 defines the "I" as "Incomplete academic work for unforeseeable, justifiable reasons at the end of the term" (Such as accident, illness or death in the family)

Reason for Contract:

Incomplete grades not resolved within one calendar year will automatically revert to an "F". If you do not complete the remaining work, your grade will be based on performance in the entire course. Students may not re-enroll in a course where they have an Incomplete Grade.

Student Signature: _____ Date: _____

To Be Completed by Instructor

Completion date (if less than one year): _____

Conditions for removal of incomplete grade:

Instructor's printed name: _____

Instructor's Signature: _____ Date: _____

Instructor: Return a copy of this form to the Office of Admissions and Records when submitting final grades online. **Please be sure to enter the completion date on WebAdvisor so that the student will not receive a grade of "F"**. Upon completion of coursework, complete a Change of Final Grade form and return it to the Office of Admissions and Records.

I would like a friendly reminder 1-2 weeks prior to the contract expiring along with a Change of Grade form.

Office of Admissions & Records Only

Received: Inter-office mail Email In-person Drop box

Change of grade received: _____ Grade received: _____ Processed by: _____ Date: _____
Date

Submit form to: hbarkow@ohlone.edu