

# Contract for Incomplete Course Grade

### Student Information

Last Name		First Name	
GWID		GW Email	@gmail.gwu.edu
SEAS Major/Field of Study		Degree	<input type="checkbox"/> B.A. <input type="checkbox"/> B.S. <input type="checkbox"/> M.S/MEng <input type="checkbox"/> Ph.D

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 SEAS Student Services and Advising Office. A copy will be sent afterward to the departmental office.**

Semester	Year	Required For Degree?
Fall / Spring / Summer		Yes      No

Subject	Course No.	Credit Hrs	Course Title	Instructor Name

**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.** *(If additional space is needed, attach typed sheet):*

**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.** *(If additional space is needed, attach typed sheet):*

**All work to be completed by date\*:**

*\*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 them.**

### Required Signatures

Student Signature		Date	
Instructor Signature	Last Name	Date	
Department Chair Signature	Last Name	Date	

*For Advising Office Use Only*

Received Date: \_\_\_\_\_ Initials: \_\_\_\_\_

DegreeMap Note

**Submit forms to:**  
**SEAS Student Services and Advising Science & Engineering Hall, Suite 2500**  
 Undergraduate - [seasadvising@gwu.edu](mailto:seasadvising@gwu.edu)  
 Graduate - [seasgrad@gwu.edu](mailto:seasgrad@gwu.edu)