



Incomplete Grade Contract

Office of the Registrar

Student Name: _____

Course taken fall 20__ spring 20__ summer I 20__ summer II 20__

Course #: _____ Section # _____ Course title _____

Instructor name _____

Reason for requesting an incomplete grade:

Required work:

WJC policy: *Course requirements were not completed within the required time frame, but an arrangement has been made with the instructor to complete all requirements by a mutually agreed upon date. Grades of 'I' for which the Registrar's Office has not been notified within 6 days of the agreed upon deadline will be changed to 'WF'.*

Requested deadline for completion _____

Student signature

Date

requested deadline approved revised deadline _____

Instructor signature

Date

Submit completed form to the Registrar's Office