

## Incomplete Grade Contract

Office of the Registrar

Student Name: \_\_\_\_\_

Term: \_\_\_\_\_ Year: \_\_\_\_\_

Course #: \_\_\_\_\_ Section: \_\_\_\_\_

Course Title: \_\_\_\_\_

Instructor Name: \_\_\_\_\_

Reason for Requesting Incomplete Grade:

Required Work:

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**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**