Office of the Registrar

Contract for the Completion of an Incomplete Grade

A grade of Incomplete (I) indicates that a student has done passing work in a course but has been unable to meet, generally for nonacademic reasons, a small proportion of the total course requirements (e.g., an exam or a paper).

To be completed by the Student:

Student Name: _______________________

Student Id: _______ Phone: ________________

Wesley email: __________________@email.wesley.edu

Full Course Number: ______________ Section Number: _____________

Course Title: ______________________________________________________________________

Instructor Name: _____________________________

Semester: ______________ Academic Year: __________________

Reason why course work cannot be completed on time *:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

(*Please attach any form or documentation necessary to substantiate your reasons.)

Description of outstanding work:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

Incompletes given in the Fall semester must be removed by the last day of classes the following Spring semester; Incompletes given in the Spring semester must be removed by the end of the second week of the following Fall semester; Incompletes given in any Summer semester must be removed by the last day of classes the following Fall semester.

An Incomplete grade does not affect a student's GPA. The student must contact the instructor to discuss the possibility of an Incomplete. If the instructor decides that the (I) grade will be assigned, the student must submit an application to the Registrar's Office.

Revised 12/15/15
TO BE COMPLETED BY FACULTY

Completion date__________________________

This date is determined by faculty. All work must be submitted by this date or the final grade of F will be given and no grade change will be allowed.

Grade earned to date:__________________________

Upon receipt of all outstanding work or the date listed above, the faculty member is required to submit a grade change form to the Registrar’s office indicating the final grade earned.

Faculty Name (please print):_____________________________________________

Faculty Signature:__________________________ Date:________________________

By signing below, you understand and agree that it is your responsibility to complete all course work and that if the course work is not completed by the time specified, the final grade received will be an F and there are no exceptions.

It is my responsibility to submit this completed form to the Registrar’s Office no later than the FRIDAY BEFORE FINAL EXAMS OF THE SEMESTER DURING WHICH THE COURSE WAS TAKEN.

Student’s Signature:__________________________ Date:________________________

FORM MUST BE SIGNED BY BOTH PARTIES OR IT WILL NOT BE ACCEPTED BY THE REGISTRAR.

Received at Registrar’s Office by __________ on (Date) __________