



1460 University Drive
Winchester VA, 22601

Incomplete Grade Contract

In order to complete the requirements for the course

DEPT -- _____ COURSE #-- _____ SECT# -- _____

Student _____ ID # _____

Must complete the following assignments:

A grade will be submitted to the Registrar on or before ____/____/20____. If the work has not been received by that date, I authorize the Registrar to change the grade to _____. **If no grade has been submitted by the Drop/Add date of the next academic semester, the grade will be changed from "I" to "F" by the Registrar.**

Instructor Signature:

Date _____

**Extenuating circumstances: (to be approved by the Dean/Director) - Please provide explanation as to why the work will not be completed by the end of Drop/Add.

Dean/Director Signature:

Date _____

I understand and agree to the above-stated conditions for the completion of this course.

Student Signature:

Date _____

Original: Dean or Program Director

Copy: Registrar