

Elliott School of International Affairs

THE GEORGE WASHINGTON UNIVERSITY

Incomplete Grade Contract

Name: _____

GWid: _____

GW Email: _____

Phone: _____

Course with Incomplete Grade: _____

Sem/Yr of course registration: _____

Professor Granting Incomplete Grade: _____

Email: _____

Professor Overseeing Completion of Work: _____

Email: _____

Justification for incomplete grade:

Ungraded/remaining work that must be completed:

Completion Date: _____

(Completion date not to exceed one calendar year from initial semester of enrollment)

I am solely responsible for maintaining contact with the professor(s) until all work is completed. I cannot re-enroll in this class or take its equivalent elsewhere to remove the "I" from my transcript. I understand the grade I earn will be indicated in the form of an "I", followed by the grade. I understand that the "I" will be changed to an "IF" if I do not complete the work by the agreed upon date.

Standing: Undergraduate
 Graduate

Student's Signature

Date

Professor's Signature (Granting Incomplete)

Date

Advisor's Signature

Date

Copied for Prof.