

Undergraduate Incomplete Grade Contract

Student ID _____ Last Name _____ First Name _____

Course Information (attach syllabus)

Term: _____ Year: _____

CRN: _____ Subject & Course #: _____ Title: _____

Instructor Name: _____

Check One: To clear the 'Incomplete' grade, the student must finish the

☐ Syllabus requirements noted below - **OR** -

☐ Alternate requirements noted below (or attached):

Deadline for submitting requirements:

If the student's course requirements are NOT submitted to the instructor by (date) _____
(up to 12 months from the end of the term), then the grade will automatically change from Incomplete to _____.
One extension is possible; see the *Extension of Incomplete* form on the Registrar's website at
wou.edu/registrar/forms/.

Faculty Signature

Date: _____

Student Signature

Date: _____

☐ Original form on file in the Division Office

☐ Student not available for signature

☐ Copies to Faculty and Student
