

## **Request for Incomplete Course Grade**

Student Information									
Last Name		First Name							
GWID				GW Email		@gwmail.gwu.edu			
SEAS Major				Degree	□ B.A	۸. 🗆	B.S.		
The symbol I (Incomplete) indicates that a satisfactory explanation has been given the instructor for the student's inability to complete the required course work during the semester of enrollment. At the option of the instructor, the symbol I may be recorded if a student, for reasons beyond the student's control, is unable to complete the work of the course, and if the instructor is informed of, and approves, such reasons before the date when grades must be reported. This symbol may be used only if the student's prior performance and class attendance in the course have been satisfactory. The symbol I cannot be changed by reregistering for the course at GWU or by taking its equivalent elsewhere. Note: Along with the course syllabus, this contract must be turned in to the SEAS Undergraduate Advising Office. A copy will be sent afterward to the departmental office.									
Semester			Year	Required F	Required For Degree?		Percent of Coursework Completed		
Fall / Spring / Summer				Yes / No			%		
Subject	Course No.	Credit H	Irs	Course Tit	Course Title		Instructor Name		
		0.0000		200000					
(1) What work must the student do to complete the course? Identify, specifically, the type of work product (e.g. paper, exam) and the number of assignments. (If additional space is needed, attach typed sheet):  (2) How will the semester grade be computed? Identify all elements in the final grade and attach any necessary materials so that the grade can be computed in your absence of original instructor. (If additional space is needed, attach typed sheet):									
(3) All work to be completed by date*:  *May not exceed one calendar year									
	d the conditions			in the current <i>Uni</i> v	ersity Bul	<i>letin</i> by	which I wil	l be assigned a	an
Required Signatures									
Student Signature	9						I	Date	
Instructor Signatu	ıre				Last Name			Date	
Department Chair	r Signature				Last Name		1	Date	

Submit forms to: