Incomplete Grade Submission
and Student Contract for Course Completion

FOR FACULTY USE ONLY

Use this form to report an Incomplete (I) grade for a student and to record details for completion of outstanding coursework.

- When you report an I grade, you must report an alternate grade. This alternate grade represents what the student would have received in your course based upon the actual work completed by the student. If no grade is specified, the default grade is U (Unsatisfactory).
- You must identify a deadline for the period of Incomplete. The Incomplete period may be no longer than one year from the date your course ends. After this date, the student’s grade will be changed to the alternate grade you specify unless another grade is submitted.
- Be sure to complete all sections of this form and provide the required signatures.

Submit this form direct to the Registrar’s Office. As with grade rosters, completed forms are ONLY accepted from faculty members or from the program coordinator for your department/school.

Student Information

CGU ID #254- ____________________________

Last Name ____________________________

First Name ____________________________

Deadline for Submission of Incomplete Work ____________________________

Alternate Grade (Leave blank for U) ____________________________

Course Information

Semester & Year ____________________________

Subject/Catalog No. ____________________________

Class No (4-digit) ____________________________ Units __________

Instructor Name ____________________________

Instructor Institution ____________________________

Instructor E-mail ____________________________

Instructor Phone ____________________________

Student must complete the following work to qualify for re-evaluation of the alternate grade reported above. If no work is submitted by the student by the due date, the alternate grade becomes the student’s grade in the course. Requests for Extension of Incomplete may be filed prior to the deadline recorded on this form.

Instructor’s Signature ____________________________ Date ____________________________

STUDENT MUST SIGN AND BE GIVEN A COPY OF THIS AGREEMENT.

Student’s Signature ____________________________ Date ____________________________

For Office Use Only

Registrar’s Office
160 East Tenth Street, Claremont, CA 91711 • Ph. (909) 621-8285 • Fax (909) 607-7285 • student.records@cgu.edu

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