



Contractual Agreement for Incomplete “I” Grade

Student Name: _____
 Student ID # (LoLA): _____ Site: _____
 Program/Degree Plan: _____ Student Phone: _____
 Student Email: _____

Semester to apply “I” Grade to: Fall ___ Spring ___ Summer ___ Year _____

INCOMPLETE GRADES

“I” Grade—Represents incomplete coursework. It shall be given only when there are unavoidable and extenuating circumstances resulting in the inability for a student to complete the coursework prior to the end of a semester. The “I” grade has no value in computing the grade point average, but is counted in hours attempted. **Students do not re-enroll or pay tuition to complete coursework associated with the “I” grade.** Financial aid awards may be affected if "I" grades are not converted by midterm of the following regular semester. Students should monitor their Satisfactory Academic Progress (SAP) status in their LoLA account for additional information and/or requirements.

- Instructors must submit a Change of Grade form to the Registrar’s Office to convert “I” grades.
- An “I” grade will be converted to an “F” if students do not complete all coursework by midterm of the following regular semester.

INCOMPLETE GRADE CONTRACT

CRN _____ Title _____ Section _____ Credits _____
 Faculty Name _____
 Deadline Date for Completion of Course Work if earlier than dates in top box: _____

Student must indicate the reason for needing the “I” grade:

<i>Conditions and Reasons caused by COVID-19</i>	<i>Conditions and Reasons NOT caused by COVID-19</i>
<input type="checkbox"/> Course(s) too difficult for remote learning	<input type="checkbox"/> Sickness
<input type="checkbox"/> Internet Access	<input type="checkbox"/> Childcare/Family/Obligations
<input type="checkbox"/> Computer Access	<input type="checkbox"/> Job Loss
<input type="checkbox"/> Sickness	<input type="checkbox"/> Major accident/injury
<input type="checkbox"/> Childcare/Family/Obligations	<input type="checkbox"/> Housing or Food Insecurity
<input type="checkbox"/> Job Loss	<input type="checkbox"/> Other _____
<input type="checkbox"/> Housing or Food Insecurity	

_____ Student Signature (If student unable to sign – Write waived and the statement on the signature line “I spoke with the student.” Initial next to the statement.)	_____ Date
_____ Instructor’s Signature	_____ Date
_____ Dean or Department Chair Signature	_____ Date
RECORDED: _____ Registrar’s Office	_____ Date

Extension Deadline: Date: _____ Dean Signature: _____