

Charles R. Drew University of Medicine and Science • Office of Registration & Records 1731 East 120th Street, Los Angeles, CA 90059 • Phone: (323) 563-4838 Fax: (323) 563-4837

Contract for Assignment of Incomplete Grade

- Student must initiate request for assignment of Incomplete grade.
- Complete and submit to instructor for approval.
- Attach documentation of extenuating circumstances.

Last Name:		First:	_ MI: Date:
Email:		Student ID:	Telephone:
Semester:		Year:	Section Units:
Course #:	Course Title	Department:	

Requirements: The "I" symbol signifies that 75 percent of the course has been completed and satisfactory progress in the class up to that point has been made; however, all required coursework will not be completed in the prescribed time period due to unforeseeable, emergency and justifiable reasons. It is the responsibility of the student to bring pertinent information to the instructor and to reach agreement on the means by which the remaining course requirements will be satisfied. Agreement to the conditions for the removal of the Incomplete must be stated on this form. If all work is not completed within one academic semester of the grade assignment, the grade will automatically convert to "F" or "NC" (for No Credit courses).

Work required for removal of Incomplete:_____

Deadline for completion of work: ___

I understand the requirements for completing this course. Furthermore, I understand that if I fail to meet these requirements, I will receive an 'F' for the course.

Student Signature	Date:		
Instructor: must submit to the Office of Re	Faculty Use Only egistration and Record's within 5 days of approving the C	Contract for Incomplete Grade	
Approved for Incomplete:	Not Approved		
Instructor Name:	Signature:	Date:	
Director Signature:	Date:		
	Registrar Use Only		
Registrar Signature:	Date Posted:		

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