

BREVARD COLLEGE

Grade of Incomplete Agreement

Full Name of Student (Please print name)

Brevard College ID:

Course Code and Number Name of Course Semester/Year

Advisor (Please print name) Instructor (Please print name)

Approval (with signature) by Director of Compliance (Varsity Athletes ONLY)

CONTRACT FOR COMPLETION OF COURSE

Circumstances after withdrawal date justifying grade of incomplete:

Four horizontal lines for writing circumstances.

Course Work to be Completed and Timetable for Completion:

Four horizontal lines for writing course work and timetable.

Completion Date for Grade of Incomplete:

I understand that the completion date for the grade of Incomplete is to be no later than the end of the fourth calendar week in the semester following the semester in which the Incomplete was issued. If this course is a prerequisite for another course in which I am to be enrolled, the deadline of completion is the last day to add a course in the following semester, and I will be withdrawn from the higher course if the Incomplete is not removed by that time. All grades of Incomplete not removed by the fourth calendar week of the following semester will convert from an I to an F. If warranted by extenuating circumstances, I may request an extension of this deadline by petitioning the Vice President for Academic Affairs.

Signature of Student

Date

Signature of Instructor

Date

Date Form Submitted to Office of the Registrar Date Final Grade Submitted

Office Use Only: Advisor Instructor Student Director of Compliance (if applicable) Division Chair