

## Labouré College Office of the Registrar

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### Incomplete Grade Contract

#### Policy & Procedure

**Policy:** A student may be unable to complete the requirements of a course by the end of a semester or session because of serious extenuating circumstances (including medical conditions or family emergencies). In such cases, the student may request an incomplete grade from the course professor and the Chair of the professor's academic division. If the professor and the Divisional Chair agree that the circumstances justify additional time, the student and the professor will prepare an Incomplete Grade Contract, indicating the specific work to be completed, the additional time allowed for completion of the work, and the grade the student will receive in the event that the work is not completed.

All requests for incomplete grades must be submitted to the Registrar by the last day of final examinations in the semester or session when the student is enrolled in the course. Upon receipt of the Incomplete Grade Contract, the Registrar will post an incomplete grade, which is indicated on the record by an "I." When the student completes the course work, the professor will submit to the Registrar the student's final grade for the course. If the student does not complete the work, the incomplete grade automatically reverts to an "F" as specified in the Incomplete Grade Contract.

Incompletes will have an impact on CGPAs until the Incomplete is resolved.

All students receiving Incompletes for a course that is considered a prerequisite to a future course must resolve the Incomplete before taking the requisite course. Students will not be able to enroll themselves online for requisite courses until the prerequisite is met.

#### **Procedure:**

1. The student obtains the Incomplete Grade Contract from the professor.
2. In a conversation (in person/phone/email) with the student, the professor, and the Divisional Chair (only if an extension is requested), the following will be determined:
  - a. The student's valid reason for requesting an Incomplete;
  - b. The work to be completed by the student;
  - c. The deadline by which the work must be submitted;
  - d. The final grade, if the work completed is not submitted; and
  - e. The date the professor will submit a final grade.
3. The professor will submit the completed contract to the Office of the Registrar (registrar@laboure.edu).
4. The professor will submit a Change of Grade Form to the Office of the Registrar with the final grade by the agreed upon deadline.

# Incomplete Grade Contract

**STUDENT:**

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME STUDENT ID

**PROFESSOR:**

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME

**COURSE:**

\_\_\_\_\_  
COURSE NUMBER COURSE TITLE SEMESTER

**WORK TO BE COMPLETED** (attach additional paperwork, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Deadline by which completed work is to be submitted** \_\_\_\_\_

Students must comply with the Incomplete Grade Contract they completed with their professor or the final course grade for students who do **not** comply with the Incomplete Grade Contract will be determined by using a 0/F for assignments, quizzes, exams, etc. that were not completed. Students should be encouraged to connect with their professor regarding questions about grades.

**By typing my name below, I fully understand that this contract for an Incomplete grade is being granted on the terms stated above. I am also completely aware of the policy and procedures regarding an Incomplete grade. I assume full responsibility for my obligations to complete this contract.**

\_\_\_\_\_  
STUDENT SIGNATURE (Signature may be done by email)

\_\_\_\_\_  
DATE

**By typing my name below, I fully understand that this contract for an Incomplete grade is being granted on the terms stated above. I am also completely aware of the policy and procedure regarding an Incomplete grade. I assume full responsibility for my obligations to complete this contract.**

\_\_\_\_\_  
PROFESSOR SIGNATURE

\_\_\_\_\_  
DATE

**Approval Process:**

Process	Signature/Date
REGISTRAR: RECEIPT OF FORM	