Labouré COLLEGE OF HEALTHCARE Office of the Registrar Incomplete Grade Contract

The Incomplete Contract is to be completed by the student and course professor. The professor will submit the completed form to the Office of the Registrar (<u>registrar@laboure.edu</u>).

Date	—		
Student Name	Student ID#	Student Email Semester	
Professor Name	Course Code & Title		
Reason for Incomplete Grade (at	tach additional paperwork, if necessary):	-	
Work to be completed (attach ad	dditional paperwork, if necessary):		

Deadline by which completed work is to be submitted

The deadline for work submission is preferably within two (2) weeks after the last day of the semester. Brightspace course shells will close after two (2) weeks. The deadline for work submission must be no more than six (6) weeks from the last day of the course semester. Arrangements must be made for work submission after the Brightspace course shell has closed. Any coursework not submitted by the sixth week will result in a grade for the assignment as zero (0) to be calculated into the final course grade. Upon completion of the Incomplete Contract, the professor will submit a Change of Grade Form to the Office of the Registrar who will update the student record.

Permission for further extension beyond six (6) weeks can be awarded if approved by the Division Dean or Chair. No extensions will be permitted after fifteen (15) weeks or one (1) semester unless approved by the Vice President of Academic and Student Affairs. If an incomplete grade is awarded for a pre-requisite course, the student will not be able to enroll in the requisite course until the incomplete grade has been resolved.

If the student does not complete any of the agreed upon coursework by the Incomplete Contract deadline, the final course grade will reflect on the student record as:

Agreement

By signing my name below, I fully understand that this contract for an Incomplete grade is being granted on the terms stated above. I am aware and have read the policy regarding an Incomplete grade located in the Labouré College of Healthcare Catalog and Student Handbook. I assume full responsibility for my obligations to complete this contract.

Student Signature			Date	
Professor Signature:			 Date	
	Office	Use Only		
Office of the Registrar Sig	gnature		Date	
	Deadline	Extension		
Approved	Approved with Conditions	Denied	New Deadline:	
Division Dean or Program Chair Signature			Date	