

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 (registrar@laboure.edu).

Date		
Student Name	Student ID#	Student Email
Professor Name	Course Code & Title	Semester

Reason for Incomplete Grade (attach additional paperwork, if necessary):

Work to be completed (attach additional 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. Professors will not accept work submitted after the agreed upon deadline unless an extension is approved by the Division Dean or Program Chairperson. Extensions will not be granted beyond fifteen (15) weeks of the last day of the course semester unless approved by the Vice President of Academic and Student Affairs.

Professors will submit a Change of Grade Form to the Office of the Registrar once the terms of the Incomplete Contract is met, or, if it is beyond the agreed upon deadline. Any coursework not completed by the agreed upon deadline will be determined by using a O/F for the missing assignments, quizzes, exams, etc. not completed. Students are encouraged to connect with their professor regarding questions about the work to be completed.

In the event that the student does not complete missing work by the agreed upon deadline, the final letter grade on record should be _____. This grade will be automatically posted after the completion deadline unless the course professor, Division Dean, or Program Chair submits a Grade Change form to the Office of the Registrar.

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 Signature		Date	
Approved	Approved with Conditions	Deadline Extension Denied	New Deadline:
Division Dean or Program Chair Signature			Date