



Incomplete "I" Grade Completion Contract

Student Name: _____ Student EMPLID: _____

Course Name: _____

Class Number: _____ Catalog Number: _____

School Year: _____ Term: _____ Credit Hours: _____

Reason for Incomplete "I" Grade: _____

Specific requirements for completing the course: _____

Project Completion Date: _____

To ensure student success, GCTC recommends all incomplete course work be completed the semester (Fall or Spring) following the issuance of the "I" grade. The time limit may not exceed a maximum of one (1) year. After one (1) year the "I" will convert automatically to an "E".

Instructor Signature: _____ Date: _____

Student Signature: _____ Date: _____

Entered by: _____
Date: _____

