



CONTRACT FOR INCOMPLETE

Student Name _____ WT ID _____

Date of this Request _____ Semester and Year _____

Course _____
(Dept) (Number) (Section) (Hours)

Course Title _____

Instructor _____

Reason for Request _____

Deadline date for Contract (should not exceed 1 year) (mm/dd/yy) _____

Conditions for making up Incomplete _____

Contract requested by: _____
(Student's Signature)

Contract agreed to by: _____
(Instructor's Signature)

Department Head: _____
(Department Head Signature)

If the conditions for making up an incomplete are not met by the deadline date, the course grade will be changed to an **F** after confirmation of the failing grade with the instructor by the Registrar's Office. If the work is completed, the instructor will initiate the change of grade at the Office of the Registrar. The student may not drop the course and may not receive a grade of **X**.

Grade Changed: _____
Signature Date

Original: Registrar's Office
Copy: Faculty should photocopy to retain for files and copy to send to student