

The College of St. Scholastica
INCOMPLETE GRADE CONTRACT

Name: _____ CSS I.D.#: _____

Address: _____

<input type="checkbox"/> Contract Extension	Original contract due date: _____
---	-----------------------------------

Course Number: _____ Title: _____ Credits: _____

Semester/Term: _____ Default Grade: _____
(A-F or P/N; if left blank it is assumed to be an "F")

Advisor: _____ Date to be Completed By: _____

Work Outstanding:

Comments:

Student's Signature

Date

Instructor's Signature

Date

Registrar

Date Posted

A Grade Change Form can be forwarded before the completion date.

****Please retain a copy for your records. You will not receive a copy once processed.***
online version revised 11/07