

## Ohlone College Office of Admissions and Records

## **Incomplete Grade Contract**

Date:	Semester/Term:	Year:	
Name:Last,		Student ID No	
Last,	First	MI	
Address:	N. C.		7: 0 1
Number Street	Name City	State	Zip Code
Telephone No	E-Mail:		
Course:			
Course: Synonym No./Dept	./Course No. Title		Units
you do complete the rema	olved within one calendar yea ining work, your grade will re-enroll in a course where the	be based on performance	in the entire
Student Signature:		Date:	
Completion date (if less than	one year):		
Conditions for removal of inc	complete grade:		
Instructor's printed name:			
Instructor Signature:		Date:	
Instructor: Return a copy	of this form to the Office of	Admissions and Records w	hen submitting

final grades online. Please be sure to enter the completion date on WebAdvisor so that the student will not receive a grade of "F". Upon completion of coursework, complete a Change of

Final Grade form and return it to the Office of Admissions and Records.