

CONTRACT AGREEMENT FOR AN “I” CHANGE OF GRADE

I, _____ (Social Security No. _____),
(Name)
agree to complete _____, _____ of
Course # (Course Title)
which I had been enrolled during the _____ semester of 20____ by
(Fall, Spring, Summer)
completing the prescribed criteria on or before _____, 20____.
(Month) (Day) (Yr.)
Criteria to be met, a grade of A, B, C, D, or F will be issued.

I understand that if the prescribed criteria is not completed by the above date indicated, the incomplete grade received during the regular enrolled semester will automatically revert to a grade of “F” at the close of the succeeding regular academic semester.

The prescribed criteria are:

Agreed to by _____ Date _____
(Student’s Signature)

The prescribed criteria has been met and I recommend a grade change at this time.

(Instructor’s Signature) Date _____

When the prescribed criteria has been met, the instructor will complete a Change of Grade Form and send to the Enrollment Services Office on or before December 1st for previous spring and summer “I’s” and on or before May 1st for previous fall “I’s”. “I’s” will convert to “F’s” after these dates.