



GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

Incomplete Grade Agreement

I _____ am aware I have received a grade of
Print name and NetID

Incomplete (I) in _____, which ended
Course number and name

on _____. I have six months from the course end date to work with my
Month, date, and year

instructor and complete any missing course requirements. Once course completion is verified by

my instructor, I will notify the course's Program Coordinator at CCPE. My instructor has one month

from the day I complete the course requirements to send an official grade change request to CCPE. My

failure to comply with these guidelines will result in my grade of Incomplete becoming permanent on

my student record.

Student Signature

Date

Internal use only:

Received by:

Date uploaded to student record: