



*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 90 days 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 (I) becoming permanent on my student record.

Student Signature

Date

Internal use only:

Received by:
Date uploaded to student record: