

Office of Student Records

 SRC 2150, 425 Fawell Blvd., Glen Ellyn, IL 60137-6599
 (630) 942-2440/2445 Fax (630) 942-3693

PLEASE PRINT ALL INFORMATION

Student Last Name First Name M. Initial

Course (ex. ENGLI-1101-NET01)

School ID Number

Term & Year

Phone Number

Instructor Name

Email
All Areas Must Be Filled In For Processing!

 Work completed to date (*include grades and weight given to each grade*):

Tests	Papers	Labs	Assignments	Other

 Work to be completed (*include weight given to each assignment*):

Tests	Papers	Labs	Assignments	Other

- Deadline for all work to be completed: _____.
- I understand that if my work is not completed by the deadline date above, the "I" will be changed to _____.
- The "I" will automatically change to "F" if a grade change has not been submitted to the Records Office within 12 months from the end of the term in which the "I" was assigned.
- I understand if an appointment is needed to complete coursework, it is my responsibility to make an appointment.
- I must notify my instructor when I have completed my coursework.
- It is my responsibility to notify the instructor and college if my contact information changes.
- I understand that **I cannot withdraw** from the course once the INCOMPLETE (I) grade is issued.
- I have read, understand and agree to the terms of this contract.

Student's Signature

Date

Instructor's Signature

Date

 Please print and submit signed form to the **Records Office**. For internet classes or other extenuating circumstances when the student cannot sign, please contact us for instructions at gradesdept@cod.edu.