



Art Academy of Cincinnati

Incomplete Grade Contract

(Please Print)

Student Name _____

Instructor Name _____

Course Number & Title _____

Semester/Year _____

Reason for granting an incomplete grade:

Requirements to be completed to remove incomplete:

Date by which requirements must be completed: _____

After this date, if additional requirements are unfulfilled, the assigned grade will be : _____

Instructor Signature: _____ Date: _____

Student agreement: I understand that it is my responsibility to complete the requirements agreed upon in this contract. I will keep in constant contact with my instructor regarding the progress of my work. My failure to comply with this agreement will result in my earning a grade of 'F'.

Student Signature: _____ Date: _____

Copies: Instructor, Student and Registrar. Return completed form to the Registrar with Final Grade Sheets.