CONTRACT FOR COMPLETION OF INCOMPLETE COURSE WORK

Please Type or Print:

STUDENT NAME: ________________________________________________________________
                          Last                                                      First                                                                          Middle

PROGRAM: __________  DATE: __________

<table>
<thead>
<tr>
<th>SEMESTER &amp; YEAR</th>
<th>COURSE NUMBER</th>
<th>SEC</th>
<th>UNITS</th>
<th>CLASS TITLE</th>
<th>INSTRUCTOR</th>
</tr>
</thead>
</table>

DEFAULT GRADE: _______________________     REQUIRED COMPLETION DATE: _______________________

CONDITIONAL AGREEMENT: The completion date indicated above must not be later than the end of the semester following the semester following the semester in which the course was taken unless a petition waiving this condition has been filed and granted. An instructor may enter a failing grade if completion does not take place by the specified completion date. The default grade will be entered if the student fails to complete the course by the contracted date and the instructor is unavailable. A change in contracted completion date requires filing a new contract.

SUMMARY OF CONTRACT REQUIREMENTS: ______________________________________________________

____________________________________________________________________________________

Student's Signature     Date

Instructor's Signature     Date

Program Director's Signature     Date

Distribution: Course Instructor

Rev. 11/01