



**OLDS
COLLEGE**

INCOMPLETE GRADE CONTRACT

DATE: _____

STUDENT NAME: _____

STUDENT OLDS COLLEGE ID NUMBER: _____

COURSE TITLE: _____

CRN (COURSE REFERENCE NUMBER) & SECTION: _____

INSTRUCTOR'S NAME: _____

RATIONALE FOR THE INCOMPLETE GRADE TO BE ISSUED:

DEADLINE DATE (Must be completed within the subsequent term): _____

OFFICIAL GRADE (To be issued if work not completed by deadline date): _____

SIGNATURES: INSTRUCTOR: _____

INSTRUCTOR'S DEAN: _____

****THIS FORM IS TO BE SUBMITTED WITH THE OFFICIAL GRADE ROSTER**

*****FINAL GRADE IS TO BE ISSUED ON GRADE CHANGE FORM**

WHITE - Client Services
YELLOW - Instructor
PINK - Department
GOLDENROD - Student

This information is collected under the authority of the Freedom of Information and Protection of Privacy Act for the purpose of approving, tracking, and recording incomplete grades. Inquiries regarding the collection, use, and disclosure of personal information provided on this form should be directed to the FOIP Co-ordinator/Manager of Client Services/Registrar of Olds College at 4500 - 50 Street Olds, Alberta, T4H 1R6.

