



GSEHD

CONTRACT FOR COMPLETING ASSIGNMENTS IN A GSEHD COURSE

Student Name _____ GWID # _____

Phone Number _____ Degree _____

E-Mail _____ Major Field _____

Course: Dept _____ Number _____ Title _____

Semester and Year of Course: _____

Assignments Remaining: _____

DUE DATE _____ (mm/dd/yyyy)

I understand that after one calendar year the grade(s) of "I" become grade(s) of "F". If I am not able to meet the due date for completion of remaining assignments I understand that it is my responsibility to contact the professor of record at least one week prior to the due date. The professor is under no obligation to extend the deadline and can elect to award a grade of "F" if I do not meet our agreed upon deadline.

Student's Name (Please Print)

Faculty Name (Please Print)

Student's Signature

Date

Faculty Signature

Date

A completed copy of this document must be submitted to:
GSEHD Office of Student Services
2136 G Street, NW
Washington, DC 20052
Telephone: (202) 994-9283
Fax Number: (202) 994-1214