GEORGIAN

YOUR COLLEGE · YOUR FUTURE

COURSE COMPLETION CONTRACT

This is to advise that:

Last name	First name	Middle initial	Student number

has not completed the requirements or objectives for:

Course/subject code	Course name	CRN	Program	Year

In order to complete the course, the student must:

Date	Student signature

Action to be completed by: _____ Date Contract signed: _____ Date

Faculty signature	Co-ordinator signature	Dean signature

Original to Office of the Registrar; copies to Co-ordinator, faculty, student