Fayetteville State University

Extension Grade Contract

Student’s Name: ____________________________________ ID: ____________________

Semester/Year: ____________________________ □5Wk Course □8Wk Course □16Wk Course

Course # and Section: ___________________ Instructor: __________________________

Academic Support Unit:* Supplemental Instruction (SI)

I understand each of the following provisions of the Extension grade policy:

1. I must attend the academic support sessions and labs for my course regularly. I must attend at least 10 hours of academic support.
2. I must attend class regularly and complete all assignments. _______ (Student initial)
3. If I fulfill all eligibility requirements indicated above, and earn a grade of less than C, a grade of Extension will be assigned to me for the course(s). The Extension grade permits me an extension of time to earn a satisfactory grade in the course(s). Extension grades will not be included in the calculation of my Grade Point Average.
4. Any course in which I earn an Extension grade will be included in the calculation of total hours attempted for purposes of determining whether I must pay the tuition surcharge. It will also count as attempted hours in the calculation of financial aid eligibility.
5. If I earn an Extension grade in the course(s) indicated above, I am required to re-enroll in the class in the next semester that I am enrolled at Fayetteville State University and that the course is offered (first opportunity).
6. If I fail to enroll in the course at the first opportunity, the Extension grade will revert back to the original grade, which will be calculated in my GPA.
7. I may earn an Extension grade only once per course. _______ (Student initial)
8. I am not eligible for a course repeat grade in the Extension course.
9. Instructor Requirements: ____________________________________________________________

_________________________________ Date: ______________
Signature: _______________________________ Student

_________________________________ Date: ______________
Signature: _______________________________ Instructor

_________________________________ Date: ______________
Signature: _______________________________ Representative of Academic Support Unit

This completed form will be retained by the Academic Support Unit. The instructor will register the contract with University College. At the end of the term, the Academic Support Unit will return the contract and indicate whether the student has fulfilled the academic support terms. The instructor will determine whether the student has met the class requirements and is eligible for the Extension grade. The instructor will enter the final grade in Banner and forward the contract to the Registrar.

The student above has satisfied the academic support requirements for the course indicated. Hours Completed: _______

Signature: _______________________________ Date: ______________
Representative of Academic Support Unit*

The student above has satisfied the course requirements and is eligible for the Extension Grade.

Signature: _______________________________ Date: ______________
Instructor

*If instructor, put “instructor.”

Copies: Instructor, Academic Support Unit, Student

Last update: 1/10/2010