

INCOMPLETE GRADE REQUEST

STUDENT ID	LAST NAME	FIRST NAME	PROGRAM & TRACK	EMAIL ADDRESS

The incomplete (“I”) grade option is available to a student who, due to extraordinary personal or professional circumstances, is unable to complete final course requirements within the designated timeframe. This grade must be pre-approved by the Faculty Course Coordinator and Program Director before the last day of class in the semester. An “I” will not be assigned for a student failing in a course.

A separate form must be completed for each incomplete grade request. Refer to the Student Handbook on the School of Nursing website for further information regarding incomplete grades (www.nursing.emory.edu).

Incomplete Grade Request Process:

1. The student sets a meeting with the faculty to discuss the possibility of receiving a grade of incomplete “I” in the course.
2. The student, in collaboration with the faculty, completes the *Incomplete Grade Request Form*.
3. The faculty, in collaboration with the student, identifies the timeline for course work completion. An incomplete “I” must be completed within one (1) year, after which the grade will be converted to an incomplete, failure: “IF”. The “IF” will affect the GPA as zero (0) quality points are awarded for a grade of “F”.
An incomplete “I” **cannot** be changed to a withdrawal (“W”) once it has been assigned. Therefore, the student and faculty should be aware of the consequences of the decision to award an “I” grade in a course.
4. The faculty will send the completed form to nursingregistrar@emory.edu.
5. Once all course requirements are satisfied, the Faculty Course Coordinator will change the final course grade in OPUS. If a faculty cannot change the OPUS grade, please submit a written request to nursingregistrar@emory.edu

To be filled out by the Faculty Course Coordinator:

_____ (Student Name) has my approval to receive an incomplete ("I") for:

COURSE NUMBER	COURSE TITLE	SEMESTER (check one)			YEAR
		Fall	Spring	Summer	

Estimated date for completion of course requirements: _____.

PLAN FOR COMPLETION

Student Signature *Print Name* *Date*

Course Faculty Signature *Print Name* *Date*

Program Director Signature *Print Name* *Date*