EMORY UNIVERSITY
NELL HODGSON WOODRUFF SCHOOL OF NURSING

Application for Incomplete Grade

___________________________________ has my approval to receive an Incomplete Grade (I) in _____________________________________________________________ (Course Number and Name) for _________________________________ semester, 20___.

The contract/conditions for converting the Incomplete to a letter grade are:

________________________________________________________________________
________________________________________________________________________

Estimated date for completion of this coursework: ______________________________

I understand that the School of Nursing policy states that Incomplete grades which are not converted to letter grades becomes F’s after one year. Extensions beyond one year require the approval of the Course Coordinator and the Associate Dean for BSN Education or MSN or DNP Program Director. Any Incomplete that is not converted at the time of graduation will become an F.

Student ___________________________________________ Date ________________

Course Coordinator __________________________________ Date ________________

Assoc Dean for Undergrad Educ. _________________________ Date _________________

MSN or DNP Program Director _________________________ Date _________________

The Course Coordinator must submit this completed and signed form, attached to the class grade roll, to the Office of Enrollment and Student Affairs, Room P10.

Complete below when the Incomplete grade is ready for conversion to a letter grade.

NOTE: (A Grade Change or Correction Report Form (available in the Office of Enrollment and Student Affairs must also be completed in order to have the “I” removed.

Date of completion of work ____________________________ Grade _______________

Course Coordinator signature _______________________________________________