EMORY UNIVERSITY
NELLE HODGSON WOODRUFF SCHOOL OF NURSING

Application for Incomplete Grade

_________________________________________ has my approval to receive an Incomplete
(Student Name)

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 Assistant Dean for BSN or MSN
Education or Director of the DNP Program. Any Incomplete that is not converted at the
time of graduation will become an F.

Student _______________________________ Date ___________________

Course Coordinator _______________________________ Date ____________

Asst. Dean for BSN or MSN Educ_________________________ Date ____________

Director of the DNP Progam _______________________________ 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 ___________________________________________