Incomplete Grade Form

Student Name: ____________________________  Student ID: ____________________________

Instructions: A faculty member may assign a grade of “Incomplete” for medical reasons, personal/family reasons, or government obligations (e.g., jury duty, military service). The faculty member must provide the student and department chair with a detailed description of the work that remains to be completed. The Department office will maintain this form on file until the student completes the course. It is the responsibility of the faculty member to submit the grade change to the Registrar’s office when the work is completed.

Course Prefix and Number: _______________  CRN: ___________  Semester/Year: _______________

Name of Course: _______________________________________________________________________

Student’s grade to date, excluding work required to complete the course: ____________________

Reason for Incomplete Grade: ☐ Medical  ☐ Personal/Family  ☐ Government Obligation (e.g., jury duty, military service)

Note: It is the student’s responsibility to complete the work within the University’s time frame or the grade will automatically convert to an F.

Undergraduate Students: A student must remove an “I” grade during the succeeding semester of enrollment or within one year, whichever comes first; otherwise, the grade will be changed to “F”. For more information, see the Undergraduate Catalog: https://catalog.westga.edu/content.php?catoid=14&navoid=938#grades-grade-points

Graduate Students: An “I” must be removed by the completion of work within one calendar year or the “I” will become an “F”. For more information, see the Graduate Catalog: https://catalog.westga.edu/content.php?catoid=15&navoid=997#grading-system-for-graduate-students

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<th>Description of work to be completed</th>
<th>Due date(s)</th>
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Faculty Member
By signing below, the faculty member indicates the student has been assigned the grade of Incomplete and that the faculty member will submit the grade change when the work is completed within the required time frame.

Printed Name: ____________________________  Signature: ____________________________

Department Chair
By signing below, the department chair attest to being made aware of the assignment of a grade of Incomplete by the faculty member.

Printed Name: ____________________________  Signature: ____________________________