AULTMAN College
OF NURSING AND HEALTH SCIENCES

Incomplete Grade Form (IGF)

PLEASE PRINT OR TYPE

Student Name _____
Course Title _____
Course number/section_____
Instructor _____
Term (check): ☐ Fall ☐ Spring ☐ Summer 20__

SECTION 1

1. Please list the requirements the student has completed to date, including current course grade:

2. Please list all specific work required to be completed by the student with the following deadline _____(write in date) in order to complete the course:

3. Reason for assigning incomplete ("I") and/or instructor's comments:

INSTRUCTOR'S SIGNATURE/DATE
_____

STUDENT'S SIGNATURE/DATE
_____

By signing this form the student agrees to complete all course requirements as listed in (2) on or before the last day of the next semester (Fall, Spring, or Summer) immediately following the initial course attempt. Failure to do so will result in the automatic replacement of an I with an F.

Formulated: Fall 2010
Revised:4/2011

SECTION 2

For use when student completes all course requirements (as required in Section 1) by the last day of the next semester (Fall, Spring, or Summer) immediately following the initial course attempt.

1. Please list the requirements the student has completed to date:

2. Please indicate the grade to be placed on the student's transcript:

INSTRUCTOR'S SIGNATURE/DATE

_____

SECTION 3

For use when student DOES NOT complete all course requirements as listed in Section 1 by the last day of the next semester (Fall, Spring, or Summer) immediately following the initial course attempt.

1. Please list the requirements the student has failed to complete:

INSTRUCTOR'S SIGNATURE/DATE

_____

For Office of the Registrar/Financial Aid Officer Use ONLY	
Date Grade Change Completed:	