TITLE: ASSIGNMENT OF INCOMPLETE GRADES

POLICY: Students in the College of Nursing are expected to be in compliance with all University of Florida and College of Nursing progression policies.

An incomplete grade may be assigned at the discretion of the instructor as an interim grade for a course in which the student has completed a major portion of the course with a passing grade, but has been unable to complete course requirements before the end of the term because of extenuating circumstances. The student must obtain approval from the instructor and arrange for resolution of the requirements and establish a deadline for completion.

RATIONALE: Progression in College of Nursing courses is dependent upon the student's ability to meet established academic standards within the required time period.

PROCEDURE:

1. Any student seeking an incomplete grade will develop a plan, with the faculty member responsible for the course, to complete course requirements. A College of Nursing Incomplete Grade Form (See Attachment #1) must be completed and forwarded to the Chairperson of the Department responsible for the course prior to assignment of the 'I' grade. A definite date for completion must be established.

2. According to University policy, students who are required to attend classroom, clinical, or laboratory sessions in order to make-up work in relation to an 'I' grade must officially register to audit the course and pay audit fees.

3. Upon completion of required work, the faculty member will submit a UF Change of Grade or Title Form to the Department Chair and Associate Dean for Student Affairs for approval. The Office of Student Affairs will forward the form to the University Registrar for completion of the grade change procedure.

4. Per University of Florida requirements, 'I' grades are completed as follows:

   a. Undergraduate Courses

      "The grade of 'I' is not considered a failing grade for the term in which it is received and is not computed in the grade point average (GPA). However, if the 'I' is not changed by the end of next term for which the student is enrolled, it will be counted as a failing grade and used in computation of the grade point average". (https://catalog.ufl.edu/ugrad/current/regulations/info/grades.aspx#incomplete)
b. Graduate Courses

"Grades of 'I' carry no quality points and lower the overall grade point average. Students with less than a 3.0 GPA may not hold assistantships or fellowships. All grades of 'I' must be removed prior to the award of a graduate degree. ([http://gradcatalog.ufl.edu/content.php?catoid=4&navoid=907#grades](http://gradcatalog.ufl.edu/content.php?catoid=4&navoid=907#grades))

<table>
<thead>
<tr>
<th>Review or Approval Authority</th>
<th>Responsible Party</th>
<th>Initial Approval / Review</th>
<th>Most Recent Approval / Review Of Changes</th>
<th>Editorial Changes</th>
<th>Policy A-01 Review</th>
</tr>
</thead>
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<tr>
<td>Approval</td>
<td><em>Academic Affairs Committee</em>*</td>
<td>7/01</td>
<td>1/16</td>
<td>6/13</td>
<td></td>
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<tr>
<td>Review</td>
<td>Leadership Council</td>
<td>7/01</td>
<td>2/16</td>
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<tr>
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<td>General Faculty</td>
<td>7/01</td>
<td>2/16</td>
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<td>Dean</td>
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*Bold indicates committee with A-01 review responsibilities.
Incomplete Grade

COURSE NUMBER AND NAME: __________________________________________
STUDENT'S NAME: _________________________________________________
INSTRUCTOR'S NAME: _____________________________________________
SEMESTER: ___________________ YEAR: ________________________

Reason for receipt of an Incomplete Grade: ________________________________
____________________________________________________________________
____________________________________________________________________

SPECIFIC Requirements for Completion of Course: _________________________
____________________________________________________________________
____________________________________________________________________

Note: All pre-requisite courses must be completed prior to registering for subsequent courses. (If make-up work requires classroom, clinical, or laboratory attendance, the student must officially audit the course and pay audit fees.)

Date by which all requirements Must be Completed for removal of 'I' grade: __________________

Date by which Classroom or Clinical Audit will be completed: (If applicable): __________________

____________________________________________________________________
Student's Signature Date Instructor's Signature Date
____________________________________________________________________

Department Chairperson Signature Date

Distribution—Copy Center Use Only—Original Copy sent to: ________ Student Record Copy to: ________ Student
Faculty Advisor Department Chairperson/PA