

The University of Texas-Houston
Health Science Center
School of Nursing

INCOMPLETE GRADE FORM

Instructions:

A student who has been granted an "I" incomplete grade in a course should complete this form before the term in which the incomplete course requirements will be completed. **Agreement is not complete without both the faculty and student's signature.** The original form will be kept on file in the student's permanent folder.

Student's Name: _____

Student's ID#: _____ Faculty: _____

Address: _____

Telephone Numbers: (H) _____ (W) _____

Semester (please circle): SPRING SUMMER FALL Year: _____

Number of Credit Hours for Course: _____ Expected Completion Date: _____

Course or Topic Description: _____

Course or Topic Objective: _____

Strategy (ies) for Achieving Objectives: _____

Criteria for Evaluation: _____

Faculty Signature: _____ Date: _____

Student Signature: _____ Date: _____