

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.

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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: \_\_\_\_\_