

## **Incomplete Request Form**

Incomplete grades are granted in cases of illness, or other emergencies where a student is unable to complete coursework on schedule. The course instructor must approve the incomplete request. All coursework must be submitted on, or before the adjusted due date. An incomplete grade in a prerequisite course and/or clinical course may affect academic progression that could delay a student's date of graduation. Incomplete grades due to clinical hours must be completed by the next Drop/Add period ends in order to register and progress to the next level clinical course

Students have up to one calendar year from the date the course ended to complete the course and have the "I" grade removed from their transcript. If the "I" grade is not removed within one calendar year from the date the course ended, the grade will automatically become an "F". Students are unable to graduate with an incomplete "I" grade on their transcripts.

When the Incomplete course has been completed, the Instructor may change the official grade by completing the "I" Form sent to you from the University Registrar's Office (Fax: 919-684-4500; Email: [registrar@duke.edu](mailto:registrar@duke.edu)) OR by memo on letterhead to the University Registrar, Dr. Frank Blalark. Please include the following information:

- Student name and student ID number
- Academic term
- Course name and course number
- Official grade
- Instructor's signature and date

**Signed Incomplete "I" Forms should be submitted to:**

School of Nursing Registrar Office

Email: [DUSONregistrar@dm.duke.edu](mailto:DUSONregistrar@dm.duke.edu)

Fax: 919-660-9243

Questions may be emailed to [DUSONregistrar@dm.duke.edu](mailto:DUSONregistrar@dm.duke.edu)

**Forward signed form to [DUSONregistrar@dm.duke.edu](mailto:DUSONregistrar@dm.duke.edu)**

## Incomplete Request Form

### Section 1: Student Information

Student Name: \_\_\_\_\_ Unique ID: \_\_\_\_\_

Program: ABSN  MSN/PGC/Specialty Certificate  DNP  CRNA

Reason for Request:

By signing this form, I acknowledge that I am fully aware of the assignment(s) that must be completed and the agreed upon due date. I further acknowledge that if the assignment(s) is not completed by the agreed upon due date, the "I" grade will be converted to an "F".

If I am requesting an Incomplete for a clinical course, I acknowledge that the Incomplete clinical course must be completed before the next Drop/Add period ends in order to register and progress to the next level clinical course.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section 2: Course Information

Semester and Year: \_\_\_\_\_

Course Number, Section, Title: \_\_\_\_\_

Instructor of Record (please print): \_\_\_\_\_

### Section 3: Instructor and Advisor Approvals

The request for an Incomplete "I" grade is denied and the student will be assigned a grade based on work completed.

The request for an Incomplete "I" grade is approved and the student will need to complete the following assignment(s) by the agreed upon due date: \_\_\_\_\_

The Incomplete "I" course is a clinical course, which must be completed before Drop/Add ends in order to register for the next clinical course.

Notify MSN Clinical Placement Office

Additional Comments:

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forward signed form to [DUSONregistrar@dm.duke.edu](mailto:DUSONregistrar@dm.duke.edu)