University of Arkansas for Medical Sciences (UAMS)

COPH Office of Academic Affairs

Request for Assignment of Incomplete (I) Grade

Policy Reference: Academic Affairs Policy 2.2.12 – Incomplete and In-Progress Grades

---

Student Information

- **Student Name:** _____
- **Student ID:** _____
- **Program:** _____
- **Course Title:** _____
- **Course Number:** _____
- **Term/Year:** _____

Eligibility Confirmation *(to be completed by student and instructor)*

☐ Student is currently passing the course
☐ Student has completed a substantial portion of the coursework
☐ Circumstances preventing completion are **unforeseen and beyond the student's control**
☐ Student understands that an Incomplete is **not a substitute for poor performance**

Reason for Request

(Attach supporting documentation if applicable)

Remaining Coursework Requirements

Assignment / Requirement Description Due Date

Completion Deadline

- **Final deadline for submission of all remaining work:** _____
  (Must comply with policy timeframe; typically before the end of the next academic term unless otherwise specified. COPH requires completion within 12 weeks from the beginning of the next semester unless specified differently in this agreement.)

Grading Plan

- **How final grade will be calculated upon completion:**

- **Grade to be assigned if work is NOT completed by deadline:**
  ☐ F
  ☐ Other (specify): _____

Student Acknowledgment

I understand the conditions of this Incomplete grade and agree to complete all required coursework by the stated deadline. I acknowledge that failure to do so will result in the grade indicated above.

Student Signature: _____ **Date:** _____

Instructor Approval

I confirm that the student meets eligibility criteria under Policy 2.2.12 and approve this Incomplete request.

Instructor Name (printed): _____

Signature: _____ **Date:** _____

Program Director Approval

Program Director Name (printed): _____

Signature: _____ Date: _____

Associate Dean for Academic Affairs Approval

Name (printed): _____

Signature: _____ Date: _____

Distribution

- Original: COPH Office of Academic Affairs
- Copies to:
  - Student
  - Instructor
  - Program Director
  - **Department Chair (cc)**

Administrative Notes (Optional)