



University of Texas at Arlington

BSW Program Application for Grade of Incomplete

 Student Name Student ID

 Mailing Address City State Zip code

Term/Year Course prefix Course Number Section Number Course Title

Reason for request: _____
(Completed by student)

Work to be completed: _____
(Completed by Instructor)

Date by which work is to be completed: _____

A grade of I (Incomplete) may be assigned for a course if, in the opinion of the instructor, there are extenuating circumstances which prevent the student from completing the required work within the term of enrollment for the course. The Incomplete must be removed by the end of the final examination period of the following term, excluding the summer sessions, for the student to receive credit for the course. If the Incomplete is not removed during the allotted time period, it will convert automatically to an F. As long as the grade is carried as an I, it will not be used in the calculation of the student's grade point average. A student should not re-enroll in a course for which an I is the grade of record. Students in Blackboard courses that receive an incomplete grade automatically retain their enrollment in the Bb course and section in which they received the incomplete until the incomplete is resolved.

The grade of Incomplete (I) is given only when a student has passing grades in 2/3 of assigned work, but, because of extenuating circumstances, cannot complete all of the course work by the end of the semester. Extenuating circumstances include (1) incapacitating illness which prevents a student from attending classes; (2) a death in the immediate family; (3) change in work schedule as required by an employer; or (4) other emergencies deemed appropriate by the instructor. *A grade of Incomplete should not be requested, nor given, for lack of completion of work because of procrastination or dissatisfaction with the grade earned.*

Student Signature: _____ Date: _____

Approved: _____ Date: _____

Approved: Instructor _____ Date: _____

Approved: Program Director _____ Date: _____

Approved: Associate Dean _____ Date: _____