TUFTS UNIVERSITY SCHOOL OF MEDICINE
PUBLIC HEALTH & PROFESSIONAL DEGREE PROGRAMS

INCOMPLETE REQUEST FORM

This form **must** be completed and signed by the student and the course director. A grade of "I" indicates that a student has done substantial work in the course but requires some additional time to complete the work. The recommended extension is two to four weeks from the end of the class. Graduating students should not receive an "I." Awarding a grade of "I" is at the discretion of the Course Director. An incomplete does not grant a student permission to repeat a course.

_____ _____ _____

Last Name *First* *Student ID*

Course Number_____ Course Name _____

Semester Taken: _____ Course Director _____

Degree Program: _____

WORK TO BE COMPLETED:
Please indicate the nature of the work that remains to be completed. Please specify any additional conditions for completing the course.

DEADLINE FOR COMPLETION OF WORK:
The work for this course will be completed on the following date: _____
[Recommended extension is 2-4 weeks] mm/dd/yyyy

DEADLINE FOR GRADE TO BE SUBMITTED TO REGISTRAR: _____
mm/dd/yyyy

When the work is completed, a Change of Grade form should be submitted to the Registrar. Failure to meet stated deadlines will cause the "I" grade to default to an "F" grade**.** "I" grades must be resolved six weeks into the subsequent semester. A grade of "F" will be assigned without notification if an "I" has not been resolved by that deadline. **If a student is to graduate within the current academic year, please take into consideration the graduation date and consult with the Registrar's Office for an appropriate completion deadline.**

SIGNATURES:

_____ _____
Course Director *Date*

_____
Student *Date*

_____
Registrar *Date*

Date received by Registrar_____
Copies to Course Director, Student, Program Director

Updated 8/2012