

JACKSON STATE UNIVERSITY ■ COLLEGE OF BUSINESS

FACULTY DECISION ON UNDERGRADUATE STUDENT INCOMPLETE (“I”) GRADE REQUEST

REGULATION REGARDING THE FINAL GRADE ASSIGNMENT: INCOMPLETE is the term used to indicate failure to complete assignments or other course work including final or other examinations, by the end of the semester. The grade of “I” (INCOMPLETE) indicates that the student has not completed the course for some unavoidable reason that is acceptable to the instructor. The deficiency must be removed and the grade changed by the instructor within the first six (6) weeks of the next semester the student is in residence. Whether or not the student is in residence, the deficiency must be made up within one calendar year from the date the grade of “I” was given. If the student fails to complete the course work within the specified time, the alternate grade submitted by the instructor’s grade sheet will be recorded as the grade of record. **If no alternate grade is submitted by the instructor, the default grade will be an “F”.** (SOURCE: JACKSON STATE UNIVERSITY UNDERGRADUATE CATALOG 2007-2009)

Faculty Instructions:

The purpose of this form is to allow the faculty member to render a decision regarding a student’s request for an incomplete grade due to some **UNFORESEEN CIRCUMSTANCE** that has prevented the completion of course work on time (medical emergency, etc.). **The faculty member should render a decision as soon as possible and communicate such decision with the student. Also, the faculty member must have this form signed by the student and must provide the student with a copy of the form.** In addition, the faculty member must attach the student’s **“Request for an “Incomplete Grade” Form”** and the **“Faculty Decision on Undergraduate Student Incomplete (“I”) Grade Request”** to the **Change of Grade Form** that will be submitted at the time that the student’s final grade for the course is submitted.

Student _____ J Number _____ Telephone _____

Major _____ E-mail _____

Mailing Address _____

COURSE IN WHICH THE INCOMPLETE (“I”) GRADE WILL BE ASSIGNED:

Course Department	Course Number, Section, CRN	Semester Hours	Instructor	Semester and Year

FACULTY MEMBER MUST CHECK THE APPROPRIATE RESPONSE REGARDING THE “I” REQUEST

_____ **INCOMPLETE GRADE WILL BE GRANTED** (*Faculty member must complete information below.*)

_____ **INCOMPLETE GRADE WILL NOT BE GRANTED; STUDENT MUST COMPLETE REQUIREMENTS DURING THE CURRENT SEMESTER** (*Faculty member must communicate decision with student; faculty member must sign the form below; student must sign below.*)

REASON FOR ASSIGNING THE INCOMPLETE (IF APPLICABLE):

WORK TO BE COMPLETED BY THE STUDENT (IF APPLICABLE): (*please be as specific as possible; attach additional paper if necessary.*)

DEADLINE FOR COMPLETION OF WORK (IF APPLICABLE): _____

DEFAULT FINAL COURSE GRADE: _____

FACULTY SIGNATURE: _____ **DATE:** _____

STUDENT SIGNATURE: _____ **DATE:** _____