Eastern Virginia Medical - School of Medicine Incomplete Course Report – Agreement and Action Plan

Student:	
Graduation Year:	Date:
Course Director:	
Course Title/Number:	
	Semester:

This is to advise you that an Incomplete has been posted for this course with the Registrar.

An Incomplete is not a final grade, but merely an indication to the Registrar that you have received permission from the course director to complete work beyond the scheduled end of this course. This agreement outlines your remaining course requirements and the date by which they must be completed. If you fail to meet those requirements by the deadline, the grade indicated below will be entered into your permanent record for this course.

Incomplete Grade Policy

The grade "I" indicates assigned work yet to be completed in a given course or an approved absence from the final examination.

Incomplete Grade Procedure

An "Incomplete" is a temporary notation indicating that a grade could not be determined by the time grades were due because the student had not completed all requirements for a module, course, clerkship, or elective. Requirements include activities and assessments listed in the domain-based grading table and the MD Phase Requirements section of the syllabus. The "Incomplete" designation should be avoided when possible and requires approval from program leadership. For M1 & M2, Incompletes must be reviewed by the Assistant Vice Dean for Pre-Clinical Education. For M3 & M4, Incompletes must be reviewed by the Assistant Vice Dean for Clinical Education. An Incomplete not addressed by the date set by the module, course, or clerkship director becomes a grade of "Fail." A student with two "Incompletes" on their transcript will not continue with future coursework until they have resolved the "Incompletes."

Remaining Course Requirements:

Deadline for completion of these requirements:	(before 5:00 pm)	
Failure to meet the above criteria by this deadline will result in a course grade of:		
Student Signature:	Date:	
Course Director Signature:	Date:	
Program Director Signature:	Date:	