University of the Incarnate Word
Office of the Registrar
4301 Broadway, CPO 304
San Antonio, Texas 78209
Phone: (210) 829-6006

Application for IP Grade

Enforced IP Policy:

- **"IP" may be awarded if student's achievement in the course has been satisfactory, but *for a good reason*, certain prescribed work is incomplete, or student is unable to take the final exam.**
- **Deficiency must be removed within one (1) year for Graduate/Professional/PhD <u>or</u> six (6) months for Undergraduate, in order to avoid automatic grade conversion to "F".**
- **Note: "IP" grade is not computed in the grade point average. "IP" grade will prevent student from consideration for any academic honor or Dean's List.**

<u>Print or Type Information Requested</u>

Student Name: _____
First Middle Initial Last

Student ID: _____ UIW Email: _____

PART I: PETITION FOR "IP" GRADE (Completed by the Student)

Semester (Check One): ◯ Fall ◯ Spring ◯ Summer Year: 20_____

Course Information: _____ _____ _____ _____
CRN Department/Subject Number Section

Course Title: _____

Reason for "IP" Request: _____

PART II: WORK REQUIRED TO COMPLETE COURSE (Completed by the Instructor)

The following work must be completed: _____

_____

Instructor must attach the following to the IP request form for dean's review: 1) All course grades earned by student, 2) Current course outline, 3) Exams student missed, 4) Grading scale(s) for papers/projects/assignments still requiring completion.

Upon completion of coursework, instructor submits "Change of Grade" form to the Registrar's Office. If necessary, instructor submits extension request to Registrar's Office.

All work must be completed by: _____
Month/Day/Year

Within one year for Graduate/Professional/PhD
Within six months for Undergraduates

PART III: SIGNATURES FOR TERMS OF AGREEMENT (Signed by Student, Instructor, and Dean)

Note: Instructor submits signed form to dean, with support material. Dean/Instructor/Admin forwards completed and signed form to Registrar's Office <u>before</u> student takes final exam.

_____ _____
Student Signature Date

_____ _____
Instructor Signature Date

_____ _____
Dean Signature (Course Dept./Discipline Dean) Date

To request this form in an alternate format, please contact the Registrar's Office.