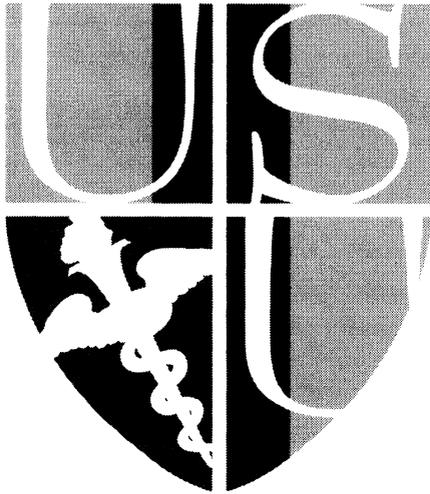


**USUHS
INSTRUCTION
1323**

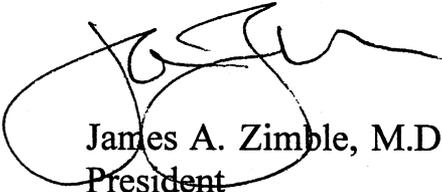




USUHS



DIRECTIVE SYSTEM TRANSMITTAL

NUMBER USUHS I-1323 (GEO)	DATE APR 01 1998
ATTACHMENTS None	
<p style="text-align: center;">INSTRUCTIONS FOR RECIPIENTS</p> <p>The following pen changes to USUHS Instruction 1323, "Enrollment Examination, and Grading Policies for Graduate Education Programs at the Uniformed Services University of the Health Sciences (USUHS)," dated December 19, 1995 have been authorized.</p> <p><u>Pen Changes</u></p> <p>Page 1, Abstract, line 2, change the word fellows to students. paragraph A., line 6, change the word fellows to students. paragraph E., line 15, change the word fellows to students.</p> <p>Page 3, change paragraph E. to F. paragraph 1.b., line 4, change the word fellows to students. paragraph 3., line 1, change the word Fellows to Students.</p> <p><u>Effective Date</u></p> <p>These changes are effective immediately.</p> <p style="text-align: center;"> James A. Zimble, M.D. President</p>	



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES



SUBJECT: Enrollment, Examination, and Grading Policies for Graduate Education Programs at the Uniformed Services University of the Health Sciences (USUHS)

Instruction 1323

DEC 1 9 1995

(GEO)

ABSTRACT

STUDENTS

This Instruction establishes policy and guidance regarding enrollment, examination, and grading policies for graduate ~~fellows~~ in the Graduate Education Program (GEP) of the F. Edward Hébert School of Medicine (SOM), Uniformed Services University of the Health Sciences (USUHS).

A. Reissuance and Purpose. This Instruction reissues USUHS Instruction 1323^a and establishes policy concerning enrollment, examination, and grading policies for graduate ~~fellows~~ in the GEP at the USUHS. *STUDENTS*

B. Reference. See Enclosure 1.

C. Applicability. This Instruction applies to students enrolled in graduate education programs in the basic biomedical sciences at the USUHS.

D. Definitions. See Enclosure 2.

E. Policy.

1. Course credit hours are necessary in defining degree requirements for graduate education programs, for establishing full-time student status, for the preparation of transcripts of academic records, and for the transfer of course credits from one academic institution to another. Course credits are reflective of the effort required for each course. The official SOM, USUHS, academic calendar is based on the quarter system. Twelve credit hours per quarter are established as a full-time effort for graduate ~~fellows~~ *STUDENTS*

over more than one academic quarter.

11. Courses may not be added or dropped after the end of the second week in each academic quarter unless an exception is granted by the Associate Dean, GEO.

F. ~~E.~~ **Responsibilities.**

1. The GEO shall:

a. Send a tentative schedule to the program directors nine weeks before the beginning of each semester;

b. Provide registration letters and forms (USUHS Form 6030, *Enclosure 4*), to program directors for ~~fellows~~ taking graduate courses, to include Foundation for Advanced Education in the Sciences (FAES) courses;

c. Insure that all students have registered for the established twelve credit hours per quarter;

d. Check continuing classes to ensure that all students have registered properly;

e. Send a tentative class roster to program directors two weeks before the beginning of each quarter, and an official class roster ten days after the beginning of each quarter;

f. Send grade sheets (*Enclosure 5*) to the program directors one week before the quarter ends. After all grades are received,

send out tentative grades to the program directors and instructors three weeks after the quarter ends; and

g. Send out official grades to students four weeks after the quarter ends.

2. Course Director/Instructors shall:

a. Describe to students the examination format, frequency, and grading criteria;

b. Approve the assignment of an incomplete (I), excuse the absence of a student from an examination, and determine remedial action; and

c. Provide appropriate guidance to students in registering, approving, and changing courses in student registration.

3. Graduate Fellows shall:

a. Seek guidance from departmental advisors prior to enrollment in GEP graduate courses;

b. Submit completed registration forms to the GEO no later than three weeks prior to the beginning of the academic quarter; and

c. Submit instructor-approved drop/add course forms (GEO Form 101, *Enclosure 6*) to the GEO no later than ten working days after the beginning of the academic quarter.

REFERENCE

- (a) USUHS Instruction 1323,
"Examination, Grading, and
Enrollment Policies for Graduate
Education Programs at USUHS,"
dated February 19, 1980 (hereby
cancelled)

DEFINITIONS

1. Full-time student status: Twelve or more credit hours per academic quarter.

2. Letter graded course: A formal course which has been approved by the Dean, School of Medicine (DEN) on the recommendation of the GEC and that counts towards the minimum requirement for credit in formal courses for the Ph.D. degree at the USUHS.

3. Credit/No credit course: A course which does not count toward the minimum requirement of credit in formal courses for the Ph.D. degree but counts toward fulfilling full-time student status.

4. GEC: A standing committee established to advise the Associate Dean, GEO on all matters pertaining to graduate education.

5. Letter Grades, without modifiers, are assigned as follows:

A - 4 grade points

B - 3 grade points

C - 2 grade points

D - 1 grade point

F - Failure, 0 grade points

I - Incomplete

X - Temporizing grade at the end of academic quarters assigned when a course will not be completed until a later date

AU - Audit

W - Withdraw

Y - Credit

N - No credit

R - Registered

USUHS GRADUATE COURSE DESCRIPTION FORM
(Please Type or Print)

1. Course Title: _____ Number: _____
(Assigned by GEO)
2. Department(s): _____
3. Instructor(s): _____ Course Director: _____
4. Preferred Academic Quarter:
Winter _____ Spring _____ Summer _____ Fall _____
5. Requested Hours: (PLEASE SPECIFY CREDIT HOURS OR HOURS PER WEEK)
Lecture _____ hrs/wk Conference/Seminar _____ hrs/wk Laboratory _____ hrs/wk
Examination _____ hrs/wk Other (specify) _____ hrs/wk
6. Suggested Quarter Credit Hours: _____ (SEE COMMENT SECTION)
7. Textbooks: _____
8. GENERAL COURSE OBJECTIVES AND COURSE DESCRIPTION: (For Graduate School Bulletin)
9. PROPOSED TOPIC OUTLINE: (Use additional sheets if necessary)

SAMPLE

USUHS GRADUATE COURSE REGISTRATION FORM

I. PERSONAL DATA

NAME _____ SSN _____
Last First MI

PERMANENT ADDRESS _____
 _____ PHONE _____

ADDRESS WHERE GRADES ARE TO BE FORWARDED _____
 _____ PHONE _____

II. ACADEMIC DATA

USUHS DEPARTMENT _____ DEGREE: PH.D. _____ MASTER'S _____
 M.P.H. _____ M.T.M.&H _____

DO YOU EXPECT TO: RECEIVE DEGREE THIS QUARTER? YES _____ NO _____

TAKE QUALIFYING EXAMINATION THIS QUARTER? YES _____ NO _____

III. COURSE SELECTIONS

DEPARTMENT	COURSE NUMBER	QTR. CREDIT HOURS	COURSE TITLE	INSTRUCTOR APPROVAL REQUIRED		
				YES	NO	SIGNATURE
SAMPLE						

IV. ACADEMIC YEAR 19__ / __ **QUARTER:** FALL _____ WINTER _____ SPRING _____ SUMMER _____

STUDENT SIGNATURE _____ DATE _____

ADVISOR SIGNATURE _____ DATE _____

Contains sensitive personal information.
 Handle in accordance with Privacy Act of 1974

Uniformed Services University of the Health Sciences
 Graduate Student Final Grade Sheet

Course Number	Course Name	Instructor	Quarter
IDO999	Finalizing Dissertation	Staff	9495F

Last Name	First Name	SSAN	Quarter Hours	Grade
Doe	John	999-99-9999	12	_____
Smith	John	888-88-8888	12	_____
Jones	John	777-77-7777	12	_____

 Instructor's Signature

SAMPLE

MEMORANDUM FOR USUHS GRADUATE EDUCATION OFFICE

SUBJECT: Change of Registration

1. Request permission to add/drop the following course(s) for the _____ Quarter of the _____ academic year.

	Course Number	Course Name	Instructor Approval/Signature	Credit Hours
ADD:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____
DROP:	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

SAMPLE

2. Reason for requesting this change:

Student Name (Type or Print)

Student's Signature

Date

Social Security Number

Advisor's Signature

Date