

# Extension of Incomplete



**Student:** Complete this form and bring it to your instructor, then Assistant/Associate Dean.  
**Instructor:** Choose a final completion date, sign and return this form to the Office of the Registrar when submitting grades. This student's final grade must be submitted on a *Change of Grade* form. Extensions cannot be granted for Senior Project or Master's Thesis.

**Student Name:** \_\_\_\_\_ **ID#** \_\_\_\_\_ **Semester:** \_\_\_\_\_

**CRN:** \_\_\_\_\_ **Instructor:** \_\_\_\_\_ **Course Title:** \_\_\_\_\_

The reason for granting an **Incomplete Extension, beyond the 4 week period**, is (supporting documentation should be attached. Ex: Doctor's note): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Final Deadline Date for Completion of Work:

\_\_\_\_\_  
(Extension will not be accepted without this date)

_____ Instructor Signature	_____ Date
_____ Student Signature	_____ Date
_____ Assistant/Associate Dean Signature	_____ Date