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:

**Instructor Signature** __________________________ **Date**

**Student Signature** __________________________ **Date**

**Assistant/Associate Dean Signature** __________________________ **Date**

(Extension will not be accepted without this date)