EXTENSION / INCOMPLETE GRADE REQUEST

Name: ___________________________ Date _____________

Semester / Year: ___________ ID# or Social Security # _____________

Course Number: ___________ Course Title: _________________

Reason for request to submit work late:
(Extensions for late work are granted solely due to extenuating circumstances clearly beyond the student’s control, ie: birth or death in the family, unexpected severe medical occurrence, military duty.)

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Due date (Faculty MUST COMPLETE): (grades due in 30 days) ________________

Student Signature: ___________________________ Date: _____________

Professor Approval: ___________________________ Date: _____________

Dean Approval: ___________________________ Date: _____________

This form is due to the Registrar’s Office NO LATER THAN 7 days prior to the last day of class.

Grade is due in the Registrar’s Office NO LATER THAN 30 days after the last day of the semester. An outstanding INCOMPLETE will be changed to an FX after 30 days.

**Students granted Incomplete grades will NOT be permitted to start additional classes until the work is complete and final grades have been issued.**

FOR OFFICE USE ONLY: DATE RECEIVED _____ INITIALS _____ / FINAL GRADE RECEIVED _____ INITIALS _____