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.)

___________________________________________________________
___________________________________________________________
___________________________________________________________
___________________________________________________________

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 _______

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