

Rockland Campus Graduate Registrar Nyack College 350 North Highland Ave Nyack, NY 10960 (845) 770-5766 (845) 348-3918 (fax) New York City Campus: Graduate Registrar Nyack College 2 Washington St New York, NY 10004 (646) 378-6117 (917) 237-0399 (fax)

EXTENSION / INCOMPLETE GRADE REQUEST

Name:			Date	Date	
Semester / Year	r:	_ ID# or S	ocial Security #		
Course Number	:	_ Course T	"itle:		
	ork are granted solel	ly due to exten	uating circumstances c ted severe medical occ		
Due date (Facul	ty MUST COM	<u> 1PLETE</u>): (grades due in 30 days)		
Student Signature:			Date:		
Professor Approval:					
Dean Approval:			Da	ate:	
This form is due the last day of c	•	ar's Office	NO LATER THA	AN 7 days prior to	
	emester. An o			30 days after the will be changed to	
	-	•	NOT be permitted final grades have	d to start additional been issued.**	
FOR OFFICE USE ONLY:	DATE RECEIVED	INITIALS	/ FINAL GRADE RECEIV	ZED INITIALS	
		O:\Faculty\Re	nietrar\EORMS\ATS\EXTENS	SION REQUEST doc 11/12/2013	