



New York City Campus
 Registrar
 Nyack College
 2 Washington Street 20th floor
 New York, NY 10004
 (646) 378-6192
 Servicecenter@nyack.edu

Incomplete Grade Request Form

Complete this form and return it to Amalia.Mercado@nyack.edu

SUBMISSION DEADLINE: April 27th

Name: _____ ID#: _____ Cohort # (if applicable): _____

Semester (check one): Spring 2021

Course: _____
Dept. / Number / Section (e.g. BIB123.RA) Title

Reason for request:

(Extensions for late work are granted solely due to circumstances clearly beyond the student's control.)

- Prolonged Illness (must attach supporting documentation)
- Other circumstances beyond your control (please list below)

OFFICE USE ONLY: Date Rec'd: _____ Initials: _____ Final Grade Rec'd: _____ Initials: _____

REQUIRED SIGNATURES

Student's Signature: _____ Date: _____/_____/_____

Instructor's Approval: _____ Date: _____/_____/_____

- 30 days (May 27th) 45 days (June 11th)

Registrar's Approval: _____ Date: _____/_____/_____