

INCOMPLETE GRADE EXTENSION FORM

ALL INCOMPLETE GRADE EXTENSIONS ***MUST*** BE APPROVED BY THE
VICE PRESIDENT OF ACADEMIC AFFAIRS (VPAA).

An extension is requested for the following student:

Name of Student (Please Print Clearly): _____

Student's Banner ID#: _____ Course #: _____ CRN #: _____

Course Title: _____

Original Semester Course was taken: _____

Original Deadline Date for Incomplete: _____

Extension Date Requested: _____

The grade will be changed when the student has completed the following requirements:

****ALL extension requests (a maximum of one additional semester) must be made by the instructor to the VPAA and received by the Registrar's Office BEFORE the original deadline date.****

INSTRUCTOR'S NAME (Please Print Clearly): _____

INSTRUCTOR'S SIGNATURE: _____

DATE: _____

VPAA SIGNATURE: _____

DATE: _____

PLEASE RETURN TO THE REGISTRAR'S OFFICE WHEN COMPLETE