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