

REQUEST FOR EXTENSION OF INCOMPLETE

PART A – to be completed by student

Name					
Student ID					
Course Name					
Course ID					
Semester / Year					
allowed by special pe		dean in cases of illness	s or other conditions be	of the deadline for an incoryond my control. A grade cine.	
REASON FOR EX	XTENSION OF INCOM	PLETE: (Required)			
Student's Signature		Date			
PART B – to be	completed by instruc	ctor			
Original Completion	n Deadline				
Requested New Da	te for Completion				
Requests for extension	ons of deadlines must be in	nitiated by the student	and endorsed by the ins	tructor involved in order to	be considered.
PLAN FOR COM	PLETION: The following	g work remains to be	done before a final grad	e can be recorded:	
Instructor's Signatur	e	Date			
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PART C – to be	completed by the Ac	ademic Dean			
NOTES:					
Academic Dean's Si	gnature		Date		
Rec'd by Reg. Office:	Pro	ocessed by & Date:			