

Student ID _____ **Last Name** _____ **First Name** _____

I understand and agree to abide by the incomplete grade terms established between myself, my instructor, and the university.

Student Signature: _____

Term originally taken _____ **Subject** _____ **Course #** _____

Term to Extend Incomplete to*: _____

*Extension cannot exceed 24 months from issuing of the original incomplete grade.

Justification for Extension

Instructor Name (Please Print) _____

Instructor Signature _____ Date: _____

Graduate Students ONLY Approve Deny

Graduate Program Director Signature: _____ Date: _____

Office use only:

Received by & date _____

Approve Deny Reason: _____

SHACRSE Notified Student Processed by & date _____