

**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:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Subject** \_\_\_\_\_ **Course #** \_\_\_\_\_

**Term to Extend Incomplete to\*:** \_\_\_\_\_ **Year:** \_\_\_\_\_

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

### Justification for Extension (**required**)

**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 \_\_\_\_\_