

# Extension of Incomplete

## Directions

- Complete the form.
- Email the completed form as a PDF file or a clear image (PNG, JPEG, etc.) to the Office of the Registrar using your WOU email account. We can accept an instructor's email in place of a physical signature; if you choose this option, please forward or attach the instructor's email when you submit your document. If you have any questions or require assistance, [email the Office of the Registrar](#) or call 503-838-8327.
- **Graduate students:** submit this form to the [Graduate Program Office](#) for review and approval.

## Student Information

Student ID: \_\_\_\_\_ Student Email: \_\_\_\_\_@wou.edu  
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: \_\_\_\_\_ Date: \_\_\_\_\_

## Course Information

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 (printed): \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Graduate Students Only**

Approve  Denied

Graduate Programs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Registrar: Office Use Only**

Received by & Date: \_\_\_\_\_

Approve  Deny Reason: \_\_\_\_\_

SHACRSE  Notified Student Processed by & Date: \_\_\_\_\_