



Office of the Dean

(Extension of time to remove “Incomplete”)

To: Office of the Registrar

Student’s Name \_\_\_\_\_ ID # \_\_\_\_\_

Has received an “I” grade in the following course:

Course Title & Number \_\_\_\_\_ Term \_\_\_\_\_ Academic Year \_\_\_\_\_

The extension has been granted for the following reason/s:

The student is expected to complete all work required by the following date: \_\_\_\_\_

Failure to do so will result in changing the grade to “F”.

Student’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Professor’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean’s or Assoc. Dean’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Cc: Instructor  
File