



Office of the Dean

Extension of Time to Remove “Incomplete”

To: The Registrar

Student Last Name:		Student First Name:	
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Has received an “I” grade in the following course:

Course Number		Course Title	
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Term		Academic Year	
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The extension has been granted for the following reason(s):

The student is expected to complete all work required by the following date:	Date:	
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Failure to do so will result in changing the grade to “F”.

Student Signature:		Date:	
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Professor’s Signature:		Date:	
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Associate Dean Signature:		Date:	
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cc: Student
Instructor
File

***This form must be open in Adobe Acrobat Reader or Acrobat DC to digitally sign.**