



Office of the Dean

Extension of Time to Remove "Incomplete"

To: The Registrar

| | | | |
|--------------------|--|---------------------|--|
| Date: | | TCU ID# | |
| Student Last Name: | | Student First Name: | |

Has received an "I" grade in the following course:

| | | | | |
|---------------|--|--|---------------|--|
| Course Number | | | Course Title | |
| Term | | | Academic Year | |

| |
|---|
| The extension has been granted for the following reason(s): |
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| | | |
|--|-------|--|
| The student is expected to complete all work required by the following date: | Date: | |
|--|-------|--|

Failure to do so will result in changing to grade to "F".

| | | | |
|---------------------------|--|-------|--|
| Student Signature: | | Date: | |
| Professor's Signature: | | Date: | |
| Associate Dean Signature: | | Date: | |

cc: Student
Instructor
File