REQUEST FOR EXTENSION OF INCOMPLETE GRADE IN UNDERGRADUATE COURSE
(Note: Extensions may be granted only for one semester at a time. Applications for additional extensions may be made after each prior extension has expired.)

PART A: TO BE COMPLETED BY STUDENT

NAME: _______________________________  BU ID # ____________________________

Local Address: __________________________________________________________________________

Year and semester student was enrolled in course: 20____  Winter  Fall  Spring  Summer

Course name, number, and title: __________________________________________________________ (Example: HDEV 306, Adolescent Development) Extension

Requested until: ________________________________________________________________________

Has this incomplete been extended previously? _______ Yes _______ No

Reason for extension:

Date: ______________________  Signature: __________________________

PART B: TO BE COMPLETED BY INSTRUCTOR

Approved  Disapproved

Comment:

Date : ______________________  Signature: __________________________

PART C: TO BE COMPLETED BY ACADEMIC ADVISOR

Approved  Disapproved

Date: ______________________  Signature: __________________________

PART D: TO BE COMPLETED BY HDEV DEPARTMENT CHAIR

Approved  Disapproved

Date: ______________________  Signature: __________________________

Distribution: University Registrar  Instructor  Department  Student

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