

REQUEST FOR EXTENSION OF INCOMPLETE GRADE IN UNDERGRADUATE COURSE

To be completed by student

Name: _____ B-Number: _____

Local Address: _____ Phone: _____

School of matriculation: CCPA Decker Harpur SOE SOM Watson Non-matric

Harpur Students: Instructors have 18 months to submit a change of grade form

Year and Semester Student was enrolled in course: 20__ Fall Spring Summer Winter

Course Name _____ Number _____ Title _____

(e.g. Art 101 Survey of western art) CRN _____

Extension requested until: 20__ Fall Spring Summer Winter

Has this incomplete been extended previously? Yes No

Reason for Extension: _____

Date: _____ Student Signature: _____

To be completed by instructor

Approved Disapproved

Comments: _____

Date: _____ Instructor Signature: _____

Print Name: _____

To be completed by Dean's office (Academic Advising Office for Harpur Students)

Approved Disapproved

Comment: _____

Date: _____ Print Name: _____
(mm/dd/yyyy)

Title: _____

Signature: _____

OFFICE USE ONLY

Date processed: _____ Initials _____