

REQUEST FOR EXTENSION OF INCOMPLETE GRADE

To be completed by student

Name: _____ B-Number: _____

Email address: _____ Phone: _____

Graduate _____ Undergraduate _____

School of matriculation: CCPA___ Decker___ Harpur___ SOM___ Watson___ SOPPS___ 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 (e.g. HIST) _____ Number _____ CRN _____

Title _____

Extension requested until: 20___ Fall Spring Summer Winter

Has this incomplete been extended previously? Yes___ No___ If Yes, when? _____

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: _____

Return this form via my.binghamton.edu portal at the Financial Aid and Student Records Document Submission link.

Date processed: _____ Initials _____