

Student ID No. or Social Security No. _____

Student Name _____

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Class Number _____ / Dept. _____ / Crs. _____ / Sec. _____ / Term Pursued _____ / Term _____ / Year _____

I authorize an extension of the above named student's Incomplete grade until the end of (term/year) _____, by which time I will submit a final grade on a Grade Change Form.

Instructor's Signature Date

1. University policy permits incomplete work to be made up by the end of the term following the term during which the Incomplete grade was assigned (not including Summer Sessions); after this the "I" converts to an "F".
2. This form, with all data completed, must be forwarded directly by the instructor to the Registrar's Office (Simmons Hall 120) by the last instructional day of the term following the term during which the Incomplete grade was assigned (not including Summer Sessions).

Distribution:
Original – Registrar
RG 01/07

Copy – Dean/Department

Copy – Student