

REQUEST FOR EXTENSION OF INCOMPLETE

SEE CATALOG FOR POLICY ON INCOMPLETES

ALL ITEMS MUST BE COMPLETED BEFORE THIS REQUEST CAN BE GRANTED.

DATE ORIGINAL INCOMPLETE WAS TO BE COMPLETED _____

REQUEST FOR AN EXTENSION ON AN INCOMPLETE FEE \$40 (attach check to form)

1. NAME OF STUDENT _____

2. COURSE DEPT. & NO. _____ TITLE _____

3. SEMESTER _____ YEAR _____

4. REASON FOR REQUESTING EXTENSION OF INCOMPLETE _____

5. NEW COMPLETION DATE (maximum of 45 days from original completion date) _____

6. INCOMPLETE WORK COMPLETED _____

7. INCOMPLETE WORK TO BE COMPLETED _____

8. STUDENT SIGNATURE _____ DATE _____

9. APPROVAL OF PROFESSOR _____ DATE _____

10. APPROVAL OF ADVISER _____ DATE _____

11. APPROVAL OF DEAN _____ DATE _____

12. \$40.00 PROCESSING FEE PAID _____ DATE _____

13. RECORDED IN REGISTRAR'S OFFICE _____ DATE _____

OFFICE USE ONLY

ORIGINAL TO REGISTRAR
COPIES TO PROFESSOR - ADVISER - STUDENT - STUDENT FILE

revised 9/16/2002