

REQUEST FOR EXTENSION OF AN INCOMPLETE GRADE

A student has one (1) regular semester (excluding summer) to finish course requirements set forth by the instructor to remove an *"Incomplete"* grade or the grade will convert automatically to final grade of an "F". This form should ONLY be completed if an extension is being requested.

920 _____
Student ID Number Last Name First Middle

Mailing Address

City State Zip Code

Year and Semester Received *"Incomplete"*: 20_____ Spring Summer Fall

CRN Course Prefix Course No. Course Sect. Course Title

Justification for Extension: _____

Time Period Requested: (specific date required) _____

Approvals:

Instructor
Print Name: _____ Signature _____ Date: _____

Advisor
Print Name: _____ Signature _____ Date: _____

Dept. Head
Print Name: _____ Signature _____ Date: _____

Note: Upon completion, please submit form to the Office of the Registrar, 206 Killian Annex, for processing. Removal of an *"Incomplete"* grade should be submitted through MyWCU.

OFFICE USE ONLY	
Processed by: _____	Date: _____