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:__________________

Revised 6/2016