

# Extension of Incomplete Grade

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| **Step 1: Student Information** | | | | | | | | |
| Last Name |  | | First Name |  | | | Date |  |
| Student ID Number: | |  | | | WOU Email: |  | | |
| I understand and agree to abide by the incomplete grade terms established between myself, my instructor and the university.  Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
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| **Step 2: Course Information** | | |
| Term Originally Taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Subject:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Course #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| \*Term To Extend Incomplete To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| \*Extension cannot exceed 24 months from issuing of original incomplete grade. | | |

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| **Step 3: Justification for Extension** |
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| **Step 4: Instructor Approval** | |
| **Instructor Name (Please Print):** | |
| **Instructor Signature:** | **Date:** |

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| **Step 5: Graduate Students Only Obtain Graduate Office Approval** | |
| |  |  | | --- | --- | | **\_\_\_\_\_ Approve** | **\_\_\_\_ Deny** | | |
| **Graduate Program Director Signature:** | **Date:** |

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| **Office Use Only** | | | |
| **Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Decision:** | **\_\_\_\_\_ Approved** | **\_\_\_\_\_ Denied** |
| **Reason:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | |