

# 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** |
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|  **\_\_\_\_\_ Approve** | **\_\_\_\_ Deny** |

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| **Graduate Program Director Signature:** | **Date:** |

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