



**REQUEST EXTENSION OF TIME FOR AN INCOMPLETE COURSE**

Name: \_\_\_\_\_ PeopleSoft#: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Email address: \_\_\_\_\_

\_\_\_\_\_ Department/Course/Section Semester Taken Instructor

REQUEST EXTENSION UNTIL: \_\_\_\_\_ Date

\_\_\_\_\_ Student's Signature Today's Date

**(Please use separate form for each course in which you are requesting an extension)**

INSTRUCTOR'S COMMENTS: APPROVE ( ) DENY ( )

OTHER COMMENTS:

\_\_\_\_\_ Instructors Signature Date

\*\*The By-Laws of the University Senate indicate that an extension of time for making up incomplete or absent marks may be granted by the Dean of Students Office after consultation with the instructor. We request your input on this student's request for an extension.

**STUDENT:** Please return this form, after it is completed by your instructor, to the Dean of Students Office, Wilbur Cross, Room 203.

**DEAN OF STUDENTS OFFICE USE ONLY**

REGISTRAR: The following course has been approved for extension.

Semester: \_\_\_\_\_ Course/Section: \_\_\_\_\_ Extend to: \_\_\_\_\_

\_\_\_\_\_ Dean of Students Office Staff Signature Date