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