



MONTCLAIR STATE UNIVERSITY
OFFICE OF THE REGISTRAR

REQUEST FOR EXTENSION OF
INCOMPLETE GRADE

To be completed by the Student (or by the Instructor if the
Student is unable to present this request in person)

Student's Name

Student ID Number

Student's Address

Full Course Number

Subject Code- Course Number -Section No.

Course Title

Semester in which course was taken: Fall
Year

Winter

Year

Spring

Year

Summer

Year

Student's Signature _____

Date

DATE BY WHICH WORK MUST BE COMPLETED:

NOTE TO INSTRUCTOR:

Instructor is responsible for submitting a Change of Grade form
for this course by the above date.

Student's Signature _____

Date

Instructor's Signature _____

Date

Chairperson's Signature _____

Date

Dean's Signature _____

Date

Distribution: Original submitted to Office of the Registrar by Dean no later than **February 15** for Fall
and Winter incompletes, **June 30** for Spring Incompletes, and **October 15** for Summer Incompletes;
Dean forwards a copy to Instructor and a copy to Student