



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

Student's Name

CWID (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

Reason for Extension

Student's Signature \_\_\_\_\_

Date

Plan for Removal of Incomplete (specification of work to be completed)

**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