

## INCOMPLETE GRADE EXTENSION REQUEST

Student Name: \_\_\_\_\_ Student ID# \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Information on course in which the incomplete grade was received:

<u>Semester/Year/Term</u>	<u>Course Prefix</u>	<u>Course Number</u>	<u>Course Instructor</u>
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\_\_\_\_\_

Justification for requesting an incomplete grade extension (if additional space is needed please check here \_\_\_\_\_ and attach additional pages): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I \_\_\_\_\_ agree on what is necessary to complete the course requirements and will submit these requirements to the instructor no later than \_\_\_\_\_(month) \_\_\_\_\_ (day) \_\_\_\_\_ (year).

This is certify that the instructor signing below has agreed on what is necessary to complete the course requirements and will submit necessary documentation to the Registrar to have the grade of incomplete changed to a letter grade no later than \_\_\_\_\_(month) \_\_\_\_\_(day) \_\_\_\_\_ (year). If grade change is not submitted to Registrar by this date, then the grade of I will be changed to an F grade.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Graduate Studies

\_\_\_\_\_  
Date

( ) Approve ( ) Disapprove

Form should be returned to Graduate Studies once student and instructor have signed above. The form can be returned by emailing to [graduate@jsu.edu](mailto:graduate@jsu.edu).