BGSU®

BOWLING GREEN STATE UNIVERSITY

Office of the Graduate College

INCOMPLETE EXTENSION REQUEST

Name:

Field of Study: _____ **BGSU ID:** _____

Extension of Incomplete Requested for:

Course: _____ Semester/Year: _____
<small>Dept./ Course No./Section No.</small>

Extension Date Requested: _____
<small>***Please note that extensions are not usually granted for more than 6 to 8 weeks***</small>

Reason for requested extension: _____

_____

_____

Required Signatures:

_____ _____
Instructor of Record   Date

_____ _____
Graduate Coordinator   Date

☐ **Approved**   **New Deadline for Completion of Coursework:** _____

☐ **Denied**

_____ _____
Academic Dean or Designate   Date

***Reminder:** Normal Graduate College deadlines for changing a grade of "Incomplete" are:	
Fall Term:... March 1	
Spring Term: .... August 1	
Summer Term: .... November 1	

To: Registration & Records

☐ Change INC to IGX

_____ _____
Academic Dean or Designate   Date

pc: Instructor
         Graduate Coordinator
         Student

gc:2/23/21