

INCOMPLETE EXTENSION REQUEST

Name: _____

Field of Study: _____

BGSU ID: _____

Extension of Incomplete Requested for:

Course: _____
Dept./ Course No./Section No.

Semester/Year: _____

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

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: June 1
Spring Term: September 1
Summer Term: January 1

To: Registration & Records

Change INC to IGX

Academic Dean or Designate

Date

pc: Instructor
 Graduate Coordinator
 Student