

INCOMPLETE EXTENSION REQUEST

Student First Name: _____ Last Name: _____ BGSU ID: _____

Extension of Incomplete Requested for:

Course Subject Code & Number & Section: _____

Semester/Year of Course Registration: Fall Spring Summer Year: _____Extension Date Requested: _____ *(Requests are typically not approved for more than 6-8 weeks.)*Reason for Requested Extension: _____

_____**Instructor of Record Review:** Approved, New Deadline for Removal of Incomplete DeniedInstructor of Record Signature: _____
_____**Line College Review:** Approved DeniedLine College Signature: _____
_____**Copy of Completed Form:**

- Registration & Records (records@bgsu.edu)
- Instructor of Record
- Line College
- Student

[Graduate Grading Policies \(3341-3-9\)](#)

For courses taken for a letter grade, any mark of INC not removed by the deadline will change to F. For courses taken S/U, any mark of INC not removed by the deadline will change to U. A student cannot graduate with a grade of INC in a graduate level course.