

Extension of Incomplete Grade

Step 1: Student Information

Last Name _____ First Name _____ Date _____

Student ID Number: _____ WOU Email: _____

I understand and agree to abide by the incomplete grade terms established between myself, my instructor and the university.

Student Signature: _____

Step 2: Course Information

Term Originally Taken: _____ Subject: _____ Course # _____

*Term To Extend Incomplete To: _____

*Extension cannot exceed 24 months from issuing of original incomplete grade.

Step 3: Justification for Extension

Step 4: Instructor Approval

Instructor Name (Please Print): _____

Instructor Signature: _____

Date: _____

Step 5: Graduate Students Only Obtain Graduate Office Approval

_____ Approve _____ Deny

Director of Graduate Studies Signature: _____ Date: _____

Office Use Only

Date Received: _____ Decision: _____ Approved _____ Denied _____

Reason: _____

Signature: _____ Date: _____