

REQUEST FOR EXTENSION OF INCOMPLETE

Philosophy Department

Name _____ / _____
Last First Middle Last 4 Digits of University ID

Student's Major Department _____

COURSE INFORMATION:

Term	Subject	Catalog Number	Class Number	Number of Units

Title of Course	Name of Instructor

EXTENSION REQUESTED UNTIL _____
Date

Reasons for request:

Requirements for removal of the Incomplete

Current Grade in Course (without work listed above):		Suggested Final Grade:	
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SIGNATURES FOR APPROVAL:

Student's Signature: _____ Date: _____

Course Instructor: _____ Date: _____

Director of Graduate Studies: _____ Date: _____