



EXTENSION ON COMPLETION OF WORK OUTSTANDING

This form is to be completed whenever a student requires an extension on a grade of incomplete (IP) beyond the time frame granted when the professor assigns the initial grade of IP. **If a grade of IP is not made up by the end of the extension time frame, the IP will lapse to an "F", unless the professor grants a further extension, with a specific end date, as specified by this form. Extensions should only be granted under extraordinary circumstances and for compelling reasons.** NOTE: The Registrar will change a grade of "IP" to "F" at the end of the second semester following the course unless a further extension is granted by the approval of this request for an extension.

_____	Name of Student
_____	Student ID Number
_____	Department <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
_____	Expected Date of Graduation

An extension on a grade of incomplete (IP) is being sought for the following course:

Course Title _____

Course Number _____

Semester of Enrollment _____

Instructors Name _____

Reason for Extension of the Grading Period:

Work Remaining to Be Done:

Due Date for Completion

Instructor Approval

Date

Departmental Approval

Date

Distribution:	
original	Registrar
copy 1	Office of Student Affairs and Services
copy 2	Department
copy 3	Instructor
copy 4	Student

_____	_____
Tisch Dean's Office Approval	Date