



REQUEST FOR EXTENSION OF GRADE SUBMISSION DEADLINE

Instructor _____	Date _____
Instructor Signature _____	Student _____
Course _____	Student Number V00_____
CRN _____	Student Department _____
Registered Term Jan-Apr 20____ May-Aug 20____ Sep-Dec 20____	Proposed Completion Deadline _____
	Proposed incomplete final grade _____%

Basis for extension request: _____

Note: Grade extensions are granted on a term by term basis. If further grade extensions are required, new grade extension forms are required.

Head of Academic Unit Signature: _____

When the Course is Complete:

Complete this section to replace INC grade with a final grade.

*If a final grade is not received by the approved proposed deadline, **the proposed incomplete final grade will be assigned.** As per the calendar policy, INC must be replaced by a final grade no later than the end of the next term.*

Final Grade: _____%

Instructor Signature

Head of Academic Unit
Signature