

Extension of Incomplete

Student ID	Last Name	First I	Name	
I understand and agree to abide by the incomplete grade terms established between myself, my instructor, and the university.				
Student Signature:				
Term originally taken	Subje	ect	Course #	
Term to Extend Incomplete to*:* *Extension cannot exceed 24 months from issuing of the original incomplete grade.				
Justification for Extensio	n			
Instructor Name (Please F	Print)			
Graduate Students ONLY	Approve	Deny		
Graduate Program Directo	or Signature:		Date:	
Office use only:		Received I	Received by & date	
Approve Deny R	eason:			
SHACRSE Notified Student		Processed	Processed by & date	

Western Oregon University Office of the Registrar • (503) 838-8327 • <u>registrar@wou.edu</u> • Lieuallen Administration Building 7/26/2021