

This form is required for the completion of any graduate level incomplete grade that extends beyond the normal grace period of one year as stated in the catalog

(http://catalogs.rutgers.edu/generated/cam-grad_current/pg60.html).

STUDENT AND COURSE INFORMATION:

STUDENT NAME _____ RUID _____

TERM COURSE WAS OFFERED: FALL SPRING SUMMER YEAR: _____

COURSE TITLE _____

COURSE NUMBER (include section) _____

INDEX NUMBER _____

REASON FOR EXTENSION REQUEST:

Student Signature

Date

Note: Grade changes are processed immediately upon receipt in the Registrar's Office. Grades can be viewed at <https://sis.rutgers.edu/tags/48> hours after final grade is submitted.

INSTRUCTOR'S APPROVAL:

The above named student is aware that I allow the extension of an incomplete grade until the following:

(MONTH) ____/(DAY)____/(YEAR)_____

After this date, I understand that the Incomplete will remain permanent on the student's record if a change of grade from is not received prior to the above deadline.

APPROVAL OF INSTRUCTOR:

Instructor (Sign and Print)

Date

APPROVAL OF GRADUATE DIRECTOR:

Graduate Director (Sign and Print)

Date

APPROVAL OF ASSOCIATE DEAN OF THE GRADUATE SCHOOL:

Associate Dean of the Graduate School (Sign and Print)

Date

DATE PROCESSED _____ INITIALS _____