REQUEST FOR EXTENSION OF INCOMPLETE GRADE

*Note: This form is to be submitted by the instructor only and a separate form must be filled out for each student. Each incomplete grade must be removed by the end of the subsequent academic semester unless the instructor has set a later date for stated reasons. This date is to be no more than one academic year from the end of the semester in which the incomplete was incurred.

Name: __________________________________________ CSUB ID: __________________________
   Last Name          First Name          Middle Initial

Email: __________________________________________ Phone: __________________________

Instructor: __________________________ Department: __________________________

Course: __________________________ Semester Enrolled: __________________________

Please extend the incomplete until __________________________________________

Reason for extension:

___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Instructor Signature: __________________________ Date: __________________________

Office of the Registrar Use Only:

Processed By: __________________________ Date: __________________________

This is the official Office of the Registrar Extension of an Incomplete Grade Form and supersedes all and any previous forms from any CSUB department. (12.03.19)