



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: Last Name First Name Middle Initial CSUB ID:

Email: Phone:

Instructor: Department:

Course: Semester Enrolled:

Please extend the incomplete until

Reason for extension:

Four horizontal lines for writing the reason for extension.

Instructor Signature: Date:

Admissions & Records Office Use Only:

Processed By: Date:
This is the official Admissions and Records Extension of an Incomplete Grade Form and supersedes all and any previous forms from any CSUB department. (07.2018)