

INCOMPLETE GRADE EXTENSION

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

To be completed by Student

Student Name: _____

Student Number: _____ - _____ - _____

Course Number: _____
(Example: Bios 603-01)

Term: _____ Year: _____

Student's signature: _____ Date: _____

For Faculty use only

I recommend the extension of the incomplete grade in the course listed above until the date indicated below. The student, professor, department chair and dean's office agree that after this date the grade shall revert to a failing grade.

Incomplete extension until: _____

1. Professor's signature: _____ Date: _____

2. Chair's signature: _____ Date: _____

3. Associate Dean's signature: _____ Date: _____