NEW YORK UNIVERSITY
TISCH SCHOOL OF THE ARTS
REQUEST FOR AN EXTENSION OF AN INCOMPLETE

This form is to be completed whenever a student requires an extension on a grade of Incomplete (I) beyond the timeframe granted when the professor assigns the initial grade of I. Extensions should only be granted under extraordinary circumstances and for compelling reasons. If the student does not submit the remaining course work by the extension due date noted below, the professor will assign a final grade based on the work the student has completed.

NAME ____________________________________ UNIVERSITY ID # ____________________________

PHONE ____________________________ NYU EMAIL ADDRESS ____________________________@nyu.edu

MAJOR DEPARTMENT ________________________ PLEASE CHECK: ○ UNDERGRADUATE ○ GRADUATE

HAVE YOU PREVIOUSLY BEEN GRANTED AN EXTENSION OF AN INCOMPLETE? ○ YES ○ NO

AN EXTENSION OF A GRADE OF INCOMPLETE IS BEING SOUGHT FOR THE FOLLOWING COURSE:

COURSE TITLE __________________________________________

COURSE NUMBER __________________________________________

SEMESTER/YEAR __________________________________________

INSTRUCTOR __________________________________________

REASON FOR EXTENSION OF THE INCOMPLETE:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

INSTRUCTOR:

REMAINING COURSE WORK TO BE COMPLETED:

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

____________________________________________________________________________________________________________

EXTENSION DUE DATE: ____________________________

FINAL GRADE TO BE GIVEN IF INCOMPLETE WORK IS NOT SUBMITTED BY THE EXTENSION DEADLINE GIVEN: ____________

STUDENT’S SIGNATURE __________________________________________

Student’s Signature Date

INSTRUCTOR APPROVAL __________________________________________

Instructor’s Signature Date

ASSOCIATE DEAN FOR
STUDENT AFFAIRS APPROVAL __________________________________________

Dean’s Signature Date