This form is to be completed whenever a student requires an extension on a grade of Incomplete (I) beyond the time frame 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:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

DEADLINE FOR SUBMITTING INCOMPLETE WORK _________________________________

DEADLINE FOR SUBMITTING GRADE ____________________________________________

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

STUDENT’S SIGNATURE __________________________________ Date

INSTRUCTOR APPROVAL __________________________________ Date

ASSOCIATE DEAN FOR STUDENT AFFAIRS APPROVAL __________________________ Date