



# UConn

# THE GRADUATE SCHOOL

WHETTEN GRADUATE CENTER | 438 WHITNEY ROAD EXTENSION, UNIT-1152, STORRS CT 06269-1152  
TELEPHONE: (860) 486-3617 | FACSIMILE: (860) 486-6739 | GRAD.UCONN.EDU

## REQUEST FOR EXTENSION OF TIME FOR AN INCOMPLETE COURSE

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

STUDENT ID # (SEVEN DIGITS) \_\_\_\_\_ NETID \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DEGREE SOUGHT \_\_\_\_\_ FIELD OF STUDY \_\_\_\_\_

Semester	Year	Department	Course	Section	Credits	Instructor

EXTENSION DEADLINE  
(TERM AND YEAR) : \_\_\_\_\_

STUDENT \_\_\_\_\_  
(Required) (Print) (Signature) (Date)

INSTRUCTOR'S COMMENTS: APPROVE ( ) DENY ( )  
\*\*OTHER COMMENTS:

INSTRUCTOR \_\_\_\_\_  
(Print) (Signature) (Date)

ADVISOR \_\_\_\_\_  
(Print) (Signature) (Date)

\*\*PER THE GRADUATE CATALOG, UPON THE RECOMMENDATION OF THE INSTRUCTOR TO THE GRADUATE SCHOOL, A LIMITED EXTENSION OF AN INCOMPLETE MAY BE GRANTED. WE REQUEST YOUR INPUT ON THIS STUDENT'S REQUEST FOR AN EXTENSION.

### THE GRADUATE SCHOOL USE ONLY

REGISTRAR, THE FOLLOWING COURSE HAS BEEN APPROVED FOR AN EXTENSION.

SEMESTER: \_\_\_\_\_ COURSE: \_\_\_\_\_ EXTEND INCOMPLETE DEADLINE TO: \_\_\_\_\_

DEAN \_\_\_\_\_  
(Print) (Signature) (Date)