



PETITION FOR EXTENSION OF INCOMPLETE

Student's Name: _____ G#: _____

Day Phone: _____ Mason E-Mail: _____

Signature of Student: _____ Date: _____

Recommended, but not required if submitted by instructor on student's behalf

The standard University deadline for incomplete (IN) grades is the end of the ninth week of the semester following that in which the course was taught, summers excepted, with the grade due at the end of the tenth week. (Both spring and summer incompletes are due the ninth week of the fall semester.) The exact dates are published in the Schedule of Classes each term.

The IN grade may be extended only until the last day of classes of the semester following that in which the course was taught (summers excepted). **NOTE: Students who have filed their intent to graduate have only six weeks from the date of degree conferral to resolve any incomplete grades and have the final grades recorded by the Registrar's Office. An incomplete extension will require degree conferral in the next semester.**

While IN remains on the transcript, it is treated as an unsatisfactory grade in determining probation, suspension, termination or dismissal. **This approved contract for extension of the IN may be submitted in lieu of the grade to the Registrar's Office by the end of the ten week deadline or anytime sooner.**

Please extend the period of incomplete as follows:

Course: _____ Term/Year: _____ New Due Date: _____
Month/Day/Year (no later than the last day of classes)

Reason (required): _____

By means of this petition, the student and the instructor agree that the student's work will be submitted for grading no later than the new due date listed above. A change of grade form will be due from the instructor to the Registrar two weeks after the new deadline contracted. If not changed by the instructor, the IN grade will be changed to F by the Registrar at the end of the extension period per University policy.

Approval:

Instructor's Name: Printed _____ Signature: _____

School/College undergraduate academic affairs/student services: _____ Date: _____

Return this form to:
Office of the University Registrar
SUB 1 Room 2101, MS 3D1
Fax 703-993-4668

Registrar's Office: _____/_____