



Extension of Time – Incomplete Grade

(Please print)

Student's name _____
Last First Initial DMACC ID Number

I hereby request an extension of time to make up the work for the "Incomplete" grade now recorded for the course:

_____ *Term Course Acronym & Number CRN Section Title Credits*

I request this extension of time for the following reason(s): _____

I understand that, by policy, the "I" grade will become an "F" if I do not complete the work by the completion date.

Student's Signature _____ Date _____

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An extension of time for the "Incomplete" grade in the course indicated above is hereby:

GRANTED DENIED

All required work as described on the Incomplete Grade Contract to which this Extension of Time applies is to be completed and turned in to the instructor no later than:

_____ at _____ in Room _____
Date Time Number

The Change of Grade Report Form is to be returned to the Student Records Office no later than the close of office hours of the third working day following the above completion date.

Instructor's Signature _____ Date _____

The extension can be approved only to the "End of Term" date on the DMACC Academic Calendar for the subsequent semester in which the "I" grade was assigned. Only one such extension may be granted.