EXTENSION OF INCOMPLETE GRADE
NORTH CAROLINA STATE UNIVERSITY
Registration and Records
1000 Harris Hall

From: _____
Department Name

_____
Campus Box Number

Please extend the INCOMPLETE (IN) grade given to:

_____ _____
Last Name First Name MI Student ID Number

For the following course:

_____ _____ _____
Dept/Course Abbrev. Course Number Section

Taken in:
(insert year) FALL_____ SPRING_____ SUMMER I_____ SUMMER II_____

Extend Until:
(insert year) FALL_____ SPRING_____ SUMMER I_____ SUMMER II_____

_____ _____
Signature of Instructor Date

_____
Printed Name of Instructor

For Graduate Students:
The signatures of the student's Director of Graduate Programs and the Graduate Dean are *required.*

_____ _____
Signature of Director of Graduate Programs Date

_____ _____
Signature of Dean of the Graduate School Date

Please note: If an Incomplete (IN) has converted to a letter grade of "F", please submit a **"Grade Change Form"** with the Dean's signature.

Revised 5/09