



REQUEST FOR EXTENSION OF INCOMPLETE GRADE

***Note:** This form is to be submitted by the instructor only and a separate form must be filled out for each student. Each incomplete grade must be removed by the end of the subsequent academic semester unless the instructor has set a later date for stated reasons. This date is to be no more than one academic year from the end of the semester in which the incomplete was incurred.

Name: _____ **CSUB ID:** _____
Last Name First Name Middle Initial

Email: _____ **Phone:** _____

Instructor: _____

Department: _____

Course: _____

Semester Enrolled: _____

Please extend the incomplete until _____.

Reason for extension:

Instructor Signature: _____ **Date:** _____

Admissions & Records Office Use Only:

Processed By: _____ **Date:** _____