



Extension of Incomplete Grade

Step 1: Student Information

Last Name _____ First Name _____ Date _____
Student ID Number: _____ WOU Email: _____
I understand and agree to abide by the incomplete grade terms established between myself, my instructor and the university.
Student Signature: _____

Step 2: Course Information

Term Originally Taken: _____ Subject: _____ Course # _____
*Term To Extend Incomplete To: _____
*Extension cannot exceed 24 months from issuing of original incomplete grade.

Step 3: Justification for Extension

Step 4: Instructor Approval

Instructor Name (Please Print): _____

Instructor Signature: _____

Date: _____

Office Use Only

Date Received: _____ Decision: _____ Approved _____ Denied _____
Reason: _____
Signature: _____ Date _____