



10020 N. 15th Ave.
Phoenix, AZ
85021-2199
(602) 944-3335

Request for Extension

Student's Name: _____

Course Dept/Number _____ Semester _____

Reason for Request (Please explain fully)

Have you read the policy on incomplete grades? (Please Circle one) Yes or No

To Be Completed By the Instructor

TERMS OF THE EXTENSION:

Student's Signature _____ Date _____

Instructor's Signature _____ Date _____

Grade of Completion

COURSE Dept/Number _____ Date of Grade _____

Grade Earned _____

Comments _____

Registrar's Signature _____ Date _____

Copy to Registrar, Student, After GRADE OF COMPLETION