

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 000-_____
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 <i>required</i> .	
_____ 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.