



CHRISTENDOM GRADUATE SCHOOL

COURSE EXTENSION REQUEST

This form is for use by students who are unable, for a grave reason, to complete the requirements of a course by the end of the semester. This form needs to be submitted **to the professor** before the end of the semester. Alternatively, the student may email his request to the professor.

I, _____ request a course extension (temporary grade of “incomplete”) Student name – PRINT

for _____ for the following reason:
Course number/Name

If the professor approves this request, the student has an extension until the following date to submit outstanding course requirements:

July 31 for spring semester courses,

October 31 for summer semester courses, or

March 31 for fall semester courses.

(After this extension deadline, no work will be accepted unless a course reactivation request - including payment of \$300 fee - is approved by the Dean. The deadline for course reactivation is one year from the end of the semester in which the course was taken.)

I have read and understood the policy on course extensions.

Student signature

Date

Please submit this form to your professor when making your request.