

Classics Department Extension of Incomplete Form

Please note: This is a departmental form; the registrar's form must still be filled out by the instructor if an extension is granted.

Student Name: _____

Instructor Name: _____

Course and Term: _____

Reason for request for extension of incomplete, including progress made since last term:

Instructor comments: _____

Request accepted/denied (circle one)

Instructor signature: _____ Date: _____

TA Supervisor or Chair signature: _____