Student request

Name: ________________________________  SID: ____________________________

Department: ____________________________

I request a grade of "Temporary Incomplete" in the following course:

Course: ________________________________  Instructor: _______________________

<table>
<thead>
<tr>
<th>Department #</th>
<th>CRN</th>
<th>Term (Fall/Spring)</th>
</tr>
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<tbody>
<tr>
<td>(e.g., HIST 500)</td>
<td>(five digits)</td>
<td></td>
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Reason for extension: ____________________________________________________________

I understand that I may not request more than one grade of Temporary Incomplete per term without permission of the Graduate School and that any such grades must be resolved by the first weekday of October of the following academic year or they will be recorded permanently as Incomplete on my transcript.

I have discussed the work to be completed, deadline and location for submitting the work with the instructor as outlined below, as well as the grade that will be assigned should I not complete the work as stated.

Signature: ________________________________  Date: ____________________________

Accommodation provided by the instructor

Work to be completed: _________________________________________________________

Date Due: ____________________________  Grade if not completed: __________ (circle one)

Incomplete        Fail

Submission instructions: _______________________________________________________

I have discussed the terms of this accommodation with the student. Should the student complete the work in the manner stated above, I agree to submit a grade for completed work to the Graduate School by the deadline of the first weekday of October.

Signature: ________________________________  Date: ____________________________

DGS approval

I recommend that the student be permitted to receive a grade of Temporary Incomplete in this course.

Signature: ________________________________  Date: ____________________________