



Graduate Programs

Request for Grade Extension in Graduate Course

Name _____ Student ID _____

Semester/Year _____ CRN _____ Subject _____ Course Number _____ Section _____

Reason for Requesting Extension:

Expected Date for Course Work Completion: _____

*Student's Signature: _____ Date: _____

**It is the student's responsibility to follow up on the processing of this request by contacting the office of the department chair.*

Professor's Comments

Professor's Signature: _____ Date: _____

Chairperson's/Program Director's Comments

Chairperson's/Program Director's _____ Date: _____
Signature

Please forward this form to: Graduate Programs Office, CEER 310.

Dean, Graduate Programs Signature: _____ Date: _____

- ☐ Registrar (Original)
☐ Student File