



SBS INCOMPLETE GRADE EXTENSION FORM

LAST NAME FIRST NAME STUDENT I.D.

DEGREE/PROGRAM EMAIL SEMESTER/YEAR TAKEN

FACULTY COURSE NUMBER & SECTION COURSE TITLE

REASON FOR INCOMPLETE EXTENSION REQUEST:

TO BE COMPLETED BY FACULTY- ITEMIZE THE REMAINING COURSE REQUIREMENTS BELOW:

DATE TO BE COMPLETED BY: _____

THE INCOMPLETE BECOMES AN "F" IF IT IS NOT EVALUATED BY THE DATE LISTED ABOVE BY THE ORIGINAL INSTRUCTOR OR IF AN EXTENSION OF THE "I" IS NOT APPROVED.

STUDENT'S SIGNATURE PRINTED NAME DATE

INSTRUCTOR'S SIGNATURE PRINTED NAME DATE

DEPT. CHAIR'S SIGNATURE PRINTED NAME DATE

RETURN FORM TO FOLLOWING DEPARTMENTS FOR PROCESSING WITH REGISTRAR'S OFFICE:

SBS Undergraduate Incomplete Grade Extension form email to: sbsug@suffolk.edu for signatures and processing
SBS Graduate Incomplete Grade Extension form email to: businessgrad@suffolk.edu for signatures and processing