

COLLEGE OF COMMUNITY AND PUBLIC AFFAIRS
DEPARTMENT OF HUMAN DEVELOPMENT

REQUEST FOR EXTENSION OF INCOMPLETE GRADE IN UNDERGRADUATE COURSE

(Note: Extensions may be granted only for one semester at a time. Applications for additional extensions may be made after each prior extension has expired.)

PART A: TO BE COMPLETED BY STUDENT

NAME: _____ BU ID # _____

Local Address: _____

Year and semester student was enrolled in course: 20____ Winter Fall Spring Summer

Course name, number, and title: _____
(Example: HDEV 306, Adolescent Development) Extension

Requested until: _____

Has this incomplete been extended previously? _____ Yes _____ No

Reason for extension:

Date: _____ Signature: _____

PART B: TO BE COMPLETED BY INSTRUCTOR

Approved

Disapproved

Comment:

Date : _____ Signature: _____

PART C: TO BE COMPLETED BY ACADEMIC ADVISOR

Approved

Disapproved

Date: _____ Signature: _____

PART D: TO BE COMPLETED BY HDEV DEPARTMENT CHAIR

Approved

Disapproved

Date: _____ Signature: _____

Distribution: University Registrar Instructor Department Student