

REQUEST FOR EXTENSION OF INCOMPLETE GRADE

OAKLAND UNIVERSITY
GRADUATE STUDY AND
LIFELONG LEARNING
520 O'Dowd Hall
Rochester, MI 48309-4401
Phone: 248-370-2700

Submit original completed form to Graduate Study and Lifelong Learning, 520 O'Dowd Hall

To be completed by the Student:

Name: _____ Grizzly Number: _____

Address: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____ Daytime Phone: _____

Program: _____

Course Number	Title	CRN	Semester Enrolled	Year
			<input type="checkbox"/> SU <input type="checkbox"/> FA <input type="checkbox"/> WI <input type="checkbox"/> SP	

Justification for EXTENSION REQUEST including length of extension and semester when course work will be completed:

Student Signature _____ Date _____

To be completed by Instructor of Record:

I recommend that the request be Approved Denied

Semester when course work will be completed: SU FA WI SP Year: _____

Comments: _____

Name (print or type): _____

Signature: _____ Date: _____

To be completed by Department Chair:

I recommend that the request be Approved Denied

Comments: _____

Name (print or type): _____

Signature: _____ Date: _____

To be completed by GCOI Representative:

I recommend that the request be Approved Denied

Comments: _____

Name (print or type): _____

Signature: _____ Date: _____

To be completed by Graduate Study and Lifelong Learning:

Approved Denied

Comments: _____

Director/Representative of Graduate Study: _____ Date: _____

Copies: Academic Records (original), student file, department