



Extension of Time for Clearing Incomplete Grade

Revised 3/7/2014

Last Name	First Name	Middle Initial	FSUID	Date
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Course to be Extended

Department	Course Prefix and Number	Year/Term Taken
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Term Grade Would Expire: _____

Year Term

Term Grade Expiration Extended To: _____

Year Term

Approved by:

Signature: Instructor of course	Date
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Signature: Dean of College offering course	Date
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