



INSTRUCTIONS: Please review the policy on Incomplete / Deferrals

Student Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Program & Year (Level): \_\_\_\_\_ Contact Information (email): \_\_\_\_\_

Date of Request: \_\_\_\_\_

Request for:  Incomplete (less than 3 months)  
 Deferral (3 months to one year)

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Student Signature: \_\_\_\_\_

Courses Affected:

Course Code	Course Title	Suggested Expiration Date	Faculty Approval

Faculty Comments: \_\_\_\_\_

\_\_\_\_\_

**FOR OFFICE USE ONLY:**

**DEAN OR DESIGNATE:**      **Granted**       **Denied**

Confirmed Date of Expiration/Comment: \_\_\_\_\_

Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION OFFICE:**

**Result:**     Incomplete Changed to Deferral     Dropped Course     Completed/Received Grade