



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	Proposed Completion Date	Faculty / Instructor

Comments:

FOR OFFICE USE ONLY:

Registrar: **Granted** **Denied**

Confirmed Date of Expiration/Comment: _____

Approval: _____ Date: _____

REGISTRATION OFFICE:

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