Plymouth State University
of the University System of New Hampshire
Office of the Registrar

EXTENSION OF INCOMPLETE TIME LIMIT

(May NOT exceed 2 year Beyond the End of the Course)

Student ID

Student Name:_____

CRN/Course ID

Semester Taken:_____ Year Taken:_____

Course Title:_____

Original Incomplete
Expiration/Deadline:_____

New Incomplete
Expiration/Deadline:_____

New Grade if Incomplete Not Cleared:_____

Instructor Signature:_____ Date:_____

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