



Plymouth State University
of the University System of New Hampshire
Office of the Registrar
17 High St, MSC #7
Plymouth, NH 03264
Phone: (603) 535-2345 Fax (603) 535-2724

EXTENSION OF INCOMPLETE TIME LIMIT

Student Name <i>(please print or type):</i>		Student ID:										
Semester Taken			Date:									
Reason for requesting Extension of Incomplete:												

CRN	Course ID	Title	Credits

Original Incomplete Expiration/ Deadline	New Incomplete Expiration/ Deadline	New Grade if Incomplete Not Cleared

Signature of Instructor:

_____ Date: _____
(Required)

Signature of Associate Vice President for Undergraduate Studies:

_____ Date: _____
(Required)