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Request for Extension of an Incomplete Grade

Instructions:

- 1. Complete Section A
- 2. Obtain instructor's signature in Section B
- 3. Return to Records and Registration SSC 218

| Section A: | |
|--|----------------|
| Name: | |
| UA Little Rock ID: | |
| Course Department: | Course Number: |
| Course Name: | |
| Term and Year "I" Issued: ☐ Spring ☐ Summer ☐ Undergraduate ☐ Graduate | Fall |
| Reason for Extension of Incomplete: | |
| | |
| Signature: | Date: |
| Section B: | |
| Deadline date required for completion of Incomplete | :: |
| Instructor's Name (please print): | |
| Instructor's Signature: | |

| Office Use Only: |
|------------------|
| Processed by: |
| Date: |