



Gwynedd Mercy University
Request for Extension of Incomplete Grade

Student Name: _____ Course Number: _____

Faculty Name: _____ Course End Date: _____

Due to extenuating circumstances, permission has been granted for the above student to receive a grade of Incomplete for this course.

Progress of completion of outstanding work:

Reason for extension:

Requested Revised Due Date (not to exceed 60 calendar days from course end date) : _____

All outstanding work listed above must be submitted via:

Canvas faculty *gmercyu.edu* account

other (please specify: _____)

Student Signature _____ Date _____

Faculty Signature _____ Date _____

Approved _____ Denied _____ Date _____

Forward to Registrar's Office when this form has been approved