

INCOMPLETE GRADE EXTENSION

SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

To be completed by student. Return form to your department.
Form must be typed except for signatures.

Student Name (print): _____

Student ID Number: _____

Tulane email address: _____

Course Number: _____
(Example: Bios 6030-01)

Term course taken: Spring – Summer – Fall (circle one) Year: _____

Student's signature: _____ Date: _____

For Faculty/Office use only

I recommend the extension of the incomplete grade in the course listed above until the date indicated below. The student, professor, department chair and dean's office agree that after this date the grade shall revert to a failing grade.

Incomplete extension until: _____

1. Instructor Signature: _____ Date: _____

2. Advisor Signature: _____ Date: _____

3. Course Department Chair Signature: _____ Date: _____

4. Course Department Signature: _____ Date: _____

3. Home Department signature: _____ Date: _____

The home department will sign last and submit to Student Affairs for Associate Dean of Student Affairs to sign.

4. Associate Dean's signature: _____ Date: _____