



**UNIVERSITY OF SOUTH ALABAMA
OFFICE OF THE REGISTRAR**

**REQUEST FOR EXTENSION OF TIME
FOR INCOMPLETE SYMBOL**

To extend the time for the removal of an incomplete symbol, please submit this form to the Registrar's Office prior to the last day for faculty reports on incomplete symbols as published in the University Calendar.

Student Name: _____

Student No: J00 _____ Semester: _____ Year: _____

Course Subject: _____ Course No: _____ Section No: _____

College: _____ Department: _____

Extend the time for removing the incomplete symbol (I, X, P) to the specified deadline of:

_____ (MONTH) _____ (DAY) _____ (YEAR)

Reason: _____

Instructor Name: _____

Instructor Signature: _____

APPROVAL

_____ Department Chair	_____ Date
_____ Dean	_____ Date