Time Extension Request

■ DO NOT fill out this form if you are RC or HONORS, even if the class you want a time extension for is in LSA. Instead, contact the advising center of your program and ask them about their time extension policy.

■ DO NOT fill out this form if you are ENROLLED IN ANY OTHER COLLEGE, even if the class you want a time extension for is in LSA. Instead, contact the advising center of your school or program and ask them about their time extension policy.

Printed Name_______________________________________________ ID#__________________________

Uniqname (e-mail)___________________________________________ Phone # ______________________

INSTRUCTIONS
• Incompletes must be finished by the end of the fourth week of the next Fall or Winter Term of enrollment.
• This form must be used to request an extension beyond the four weeks.
• Complete the front and back of this form.
• Return completed from to the Newnan LSA Academic Advising Center, 1255 Angell Hall.
• You will receive the petition decision via e-mail.
• Do not assume approval of the request until confirmation is received from the Academic Standards Board.

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I am requesting a time extension to complete the work for the following reasons:
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

STUDENT’S SIGNATURE ________________________________ DATE________________________

OVER
TO THE INSTRUCTOR

- Incompletes cannot be used to permit a student to repeat the entire course or to redo unsatisfactory work.
- Please keep in mind that term-long extensions are rarely granted.
  - There must be extraordinary circumstances that make it very difficult for the student to complete the work earlier in the term.
  - In such situations, please state as specifically as possible the reasons why a term-long extension is justified.
- Extensions beyond one term are not granted.

PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. What work did the student complete during the term of enrollment. (If possible, indicate the level of performance.)

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Percentage of total course work represented by the above: __________

2. What does the student need to complete?

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

3. Do you have any additional remarks?

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

Thank you for your cooperation. Please feel free to contact any member of the Academic Standards Board at 764-0332 or academic.standards@umich.edu if you have any questions or if you would like to share additional information or comments.

__________________________________________________________________________  _______________________________________
INSTRUCTOR’S NAME (PRINTED)  DEPARTMENT

__________________________________________________________________________  _______________________________________
INSTRUCTOR’S SIGNATURE  UNIQNAME (E-MAIL)

__________________________________________________________________________
DATE  PHONE