



# 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.

\_\_\_\_\_ Course & Course Number (e.g. Stat 325)

\_\_\_\_\_ Term/Year Enrolled in Course (e.g. Fall 2012)

\_\_\_\_\_ **PRINT** Instructor's Name

\_\_\_\_\_ Desired New Deadline **DATE** to Complete Work

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

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**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.)**

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Percentage of total course work represented by the above: \_\_\_\_\_

**2. What does the student need to complete?**

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**3. Do you have any additional remarks?**

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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](mailto:academic_standards@umich.edu) if you have any questions or if you would like to share additional information or comments.

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INSTRUCTOR'S NAME **(PRINTED)**

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DEPARTMENT

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INSTRUCTOR'S **SIGNATURE**

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UNIQNAME (E-MAIL)

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DATE

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PHONE