UNIVERSITY OF KENTUCKY
The Graduate School

EXTENSION OF INCOMPLETE ("I") GRADE

"I" GRADE EXTENSION POLICY: The Dean of the Graduate School will consider extensions of "I" grades beyond the normal 12-month limit ***only*** under exceptional circumstances. If approved, this extension will be limited to ***one additional semester***. In order to request the extension, the student must obtain 1) A letter from the course instructor that describes the work remaining and provides a timetable for completion of the work and 2) A letter of support from the Director of Graduate Studies providing justification for the extension. All work must be completed and the grade assigned by the last day of the final exams for the semester in which the extension is granted.

NAME: _____ **STUDENT ID**: _____
Last **First** **M.I.**

CURRENT ADDRESS: _____

E-MAIL ADDRESS: _____ **TELEPHONE #**: _____

EXTENSION REQUESTED FOR COURSE(S):

			INSTRUCTOR
PREFIX-NUMBER: _____	**SECTION**: _____	**CREDIT HR**: _____	_____
PREFIX-NUMBER: _____	**SECTION**: _____	**CREDIT HR**: _____	_____
PREFIX-NUMBER: _____	**SECTION**: _____	**CREDIT HR**: _____	_____

ORIGINALLY TAKEN IN:

YEAR _____ ☐ **FALL** ☐ **SPRING** ☐ **1ST SUMMER SESSION** ☐ **2ND SUMMER SESSION**

SIGNATURES: _____ **DATE**: _____
Student

_____ **DEPT.**: _____ **DATE**: _____
Course Instructor

_____ **DEPT.**: _____ **DATE**: _____
Director of Graduate Studies

Return the completed form to The Graduate School, Room 202, The Gillis Building, University of Kentucky, Lexington, KY 40506-0033

APPROVED: ☐ **YES** ☐ **NO** _____ **DATE**: _____
Senior Associate Dean

ENTERED: _____ **NOTIFIED**: _____

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