Incomplete Extension Request

Please complete form and return to the Associate Academic Dean, ADM 206 (Fax 864-294-3584).

Date of Request

Name__________________________  Furman ID# __________________________

Cell Phone______________________  Home Phone__________________________

Course__________________________

Reason for extension (Please provide updated documentation if your extension is a result of health issues):

Due Date for Submitting Work: __________  Due Date for Grade Submission: __________
(Please note that extensions beyond midterm will be unusual and will be granted only in extraordinary circumstances.)

Please explain work that needs to be completed:

Student Signature & Date  Professor Signature & Date

For office use only:

Date of Decision ____________________________

☐ Email sent to Christina Horn, copied to student & professor ________________________ (who)

☐ Approved  ☐ Denied  ☐ DB

01/12