



FURMAN

STUDENT NAME	
FURMAN ID NUMBER	

INCOMPLETE EXTENSION REQUEST

Date of Request: _____

Cell 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

Please complete this form and return to the Office of the Associate Academic Dean via email to academic.deans@furman.edu or fax to 864-294-3584 or deliver to the Administration Building, Room 206.

For office use only:

Date of Decision _____

Email sent to Registrar, copied to student & professor _____ (who)

Approved Denied DB