



Edgewood College
Office of the Registrar
registrar@edgewood.edu

NAME: _____

ID #: _____

EXTENSION OF INCOMPLETE

TERM: _____ YEAR: 20____ COURSE: _____
DEPT COURSE # SECTION

EXTENSION IS TO BE COMPLETED BY: _____
DATE

FOR OFFICE USE ONLY

PROCESSED BY: _____

DATE: _____

INSTRUCTOR SIGNATURE DATE