

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:				STU	DENT ID:
CURRENT ADDRI	Last ESS:	First	M.I.		
E-MAIL ADDRESS	k:			TELEPHONE #:	
EXTENSION REQUESTED FOR COURSE(S): INSTRUCTOR					
PREFIX-NUMBER:		SECTION:	CREDIT	Γ HR:	
PREFIX-NUMBER:		SECTION:	CREDI	Γ HR:	
PREFIX-NUMBER:		SECTION:	CREDIT	Γ HR:	
ORIGINALLY TAKEN IN:					
YEAR		FALL SPRING	SUMM	ER	
SIGNATURES:	- <u></u>	Student	DATE:	_	
	Con	urse Instructor	DEPT.:		DATE:
	Director	of Graduate Studies	DEPT.:		DATE:
SUBMISSION: Please email to GSAdmissions@uky.edu					
APPROVED:	□ YES □ NO		ssociate Dean	DAT	E:
ENTERED:		NOTIFIED:			