



**UNIVERSITY OF SOUTH ALABAMA  
OFFICE OF THE REGISTRAR**

**REQUEST FOR EXTENSION OF TIME  
FOR INCOMPLETE SYMBOL**

To extend the time for the removal of an incomplete symbol, please submit this form to the Registrar's Office prior to the last day for faculty reports on incomplete symbols as published in the University Calendar.

Student Name: \_\_\_\_\_

Student No: J00 \_\_\_\_\_ Semester: \_\_\_\_\_ Year: \_\_\_\_\_

Course Subject: \_\_\_\_\_ Course No: \_\_\_\_\_ Section No: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Extend the time for removing the incomplete symbol (I, X, P) to the specified deadline of:

\_\_\_\_\_ (MONTH) \_\_\_\_\_ (DAY) \_\_\_\_\_ (YEAR)

Reason: \_\_\_\_\_  
\_\_\_\_\_

Instructor Name: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

**APPROVAL**

_____ Department Chair	_____ Date
_____ Dean	_____ Date