

Student Information

VU ID # _____ Full Name _____
Please type or print your name as it is officially recorded with Valparaiso University: Family/Last Name, Given/First Name Middle Name Maiden/Former Name

Personal Email Address _____ Phone _____

Cumulative GPA _____ Degree Program _____

Type of Request

Extension of Incomplete Grade

Course Name & Number _____

Semester _____ Year _____ Credits _____

Instructor Approval Required _____ Date _____

Extension for Degree Completion

Last semester of enrollment _____

Reason for Request Please explain in detail why you are requesting an extension. You may attach additional pages as needed.

Reason for Request

Required Signatures

Student _____ Date _____

Academic Advisor or Program Director _____ Date _____

Dean _____ Date _____

Approved Denied