EXTENSION OF TIME FOR INCOMPLETE FOR GRADUATE STUDENTS**

Last Name  First  Initial    CIN

Degree and Major Objective

Course: Department/Number/Title/Units

Quarter and year taken

Justification for Request:

SIGNATURES:

1. Student: ______________________________________________________________________ Date __________

2. Principal Graduate Adviser: ______________________________________________________________________ Date __________

3. Course Instructor: ______________________________________________________________________ Date __________

4. Department Chair: ______________________________________________________________________ Date __________

5. Associate Dean: ______________________________________________________________________ Date __________

Records Office (After review, please keep original and forward other copies to the Department Of Electrical Engineering, E&T A342, mail code 8152-05).

Grant ____________  Deny ________________  Date ____________

**Note: Petition must be submitted before the one-year limit expires.