



HARVARD Kenneth C. Griffin

GRADUATE SCHOOL OF ARTS AND SCIENCES

OFFICE OF ACADEMIC PROGRAMS

PETITION FOR EXTENSION OF TIME FOR AN INCOMPLETE GRADE

Before completing this form, carefully review the Incomplete section of the Grade and Examination Requirements policies at <https://gsas.harvard.edu/policy/grade-and-examination-requirements>.

Harvard Griffin GSAS students must register for a minimum of 4 courses or 16 credits.

Name (Last, First, Middle Initial): _____

HUID: _____ **Email:** _____

Academic department: _____

Course title & number: _____ **Catalog number:** _____

Term of enrollment: Fall / Spring (select one)

Reason for request:

Work will be completed by: _____ / _____ / _____ (mm/dd/yyyy)

Student Signature: _____

Date: _____

DGS Signature: _____

Date: _____

Print DGS Signature: _____

Instructor's signature: _____

Date: _____

(must be course head not TF or TA)

Print Instructor's name: _____

Office of Academic Programs: _____

Date: _____

PLEASE RETURN ALL MATERIALS TO:

Office of Academic Programs by email gsasacademicprograms@fas.harvard.edu

If you have further questions about this form, please contact the Office of Academic Programs at 617-496-1965 or gsasacademicprograms@fas.harvard.edu.