



Graduate Studies

SOUTHEASTERN LOUISIANA UNIVERSITY

TO: Sharon Delyea, Assistant Registrar of Records
Office of the Registrar

FROM: Dr. John Boulahanis, Director *J. Boulahanis*
Office of Graduate Studies

DATE:

RE: **Extension of I Grade**

Student's Name

W Number

Please be advised that I have extended the deadline for removing incomplete grade(s) for the above referenced student in the following course(s) during the

FALL SPRING SUMMER semester, 20 :

Course Prefix and Number

Computer Number

Reason

The new deadline for removing the incomplete(s) is

Instructor

Instructor's Department Head

cc: Student
Instructor