

**OFFICE OF THE REGISTRAR
HAVERFORD COLLEGE
REQUEST FOR INCOMPLETE**

NAME: _____ **CLASS YEAR:** _____

COURSE: _____ **SEMESTER:** _____

WORK TO BE COMPLETED: (exam, paper, other)

<p>Work will be submitted by: _____</p> <p>(no more than three weeks beyond the last day of exams; instructor and Dean will determine deadline)</p> <p style="text-align: right;">DATE</p>

NAME OF COURSE INSTRUCTOR

Dean's Approval:

STUDENT'S DEAN (signature) DATE

Haverford Academic Regulations:

"Incompletes for course work not completed by the last day of the examination period for that semester are granted only in cases of illness or when other extenuating circumstances of the most compelling nature are involved."

THIS FORM MUST BE SUBMITTED, WITH YOUR DEAN'S SIGNATURE, TO THE REGISTRAR.