Name __________________________________________________________  
(Last)   (First)   (MI)  
(For Office Use Only) 
Address ___________________________________________________________ 
City/State __________________________ Zip Code _______ Coyote ID ____________ 
Major ______________________________ Coyote E-mail ____________________ 

Please attach a copy of a course description from an official college catalogue. 
A supporting letter from the Department Chair or a course syllabus is optional. 

☐ General Education Course Substitution: 
Request to substitute: ____________________________________________ From: __________________________ 
Course College or University 
For Course or Category: ________________________________________ 

☐ Extension of Time to Remove an Incomplete: Course: __________ Term: _______ Yr: _______ 
ONE YEAR MUST HAVE ELAPSED SINCE COURSE WAS ORIGINALY TAKEN. 
An Incomplete Extension LESS THAN ONE YEAR only requires a memo from the instructor to the Office of the Registrar. 
Date of extension must give instructor time to submit grade change form. 
Extended Until: ___________________ Qtr: ___________________ Yr: ___________________ 
(Specify Actual Date i.e. 05/05/06) 

(Instructor, Please Print Your Name) ____________________________ Department ____________________________ 
Instructor Signature ____________________________ 
Date ____________________________ 

☐ Other: (Please Specify) ________________________________________ 

Student’s reason for the above request: 

________________________________________________________ 
Student Signature ____________________________ Date ____________________________ 

Director Signature, Advising & Academic Services ____________________________ Date ____________________________ 

☐ Approved  ☐ Disapproved – Reason: 

5/30/2017