

EXTENSION OF INCOMPLETE TIME AUTHORIZATION BEYOND 12 MONTHS

THE GRADSCHOOL PREFERS TYPED DOCUMENTS. ENTER (TYPE) INFORMATION INTO FORM AND THEN PRINT DOCUMENT

(YOU MUST HAVE ADOBE ACROBAT STANDARD OR PROFESSIONAL TO SAVE DATA, ADOBE ACROBAT READER WILL ONLY ALLOW YOU TO PRINT)

Mail to:
 The Graduate School
 1705 College Street, Suite 552
 Close-Hipp Building
 Columbia, SC 29208

Fax to:
 803-777-2972

1. Student emails/calls/mailed and supplies Instructor with:
Name, USC ID, Address, Semester, Course Title, Term, Year
2. Student informs instructor to fill out form located at:
<http://www.gradschool.sc.edu/doclibrary/documents/eia.pdf>
3. Instructor fills out form.
4. Instructor prints completed form.
5. Instructor signs completed form.
6. Graduate Director/Dept Chair/Dean signs completed form.
7. Form is faxed/mailed to the Graduate School.

Last Name: First Name: M.I. USC ID:

Street: City: State: Zip:

Semester of Course Enrollment:

Term Year

Course(s) Title(s): Department	Prefix	Number	Section	Credits
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Course Title:

Instructor's Name: Phone:

Statement of Instructor's Rationale for Extension:

New Deadline Requested:

Instructor's Signature: _____ Date: _____

Department Graduate Director/Chair/Dean Signature: _____ Date: _____

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Graduate School Signature: _____ Date: _____