



APPLICATION FOR AN INCOMPLETE / DEFERRAL

INSTRUCTIONS: Please review the policy on Incomplete / Deferrals available on our website at www.macdiv.ca

Student Name: _____ Student ID #: _____

Program & Year (Level): _____ Contact Information (email): _____

Date of Request: _____

Request for: Incomplete (less than 3 months)
 Deferral (3 months to one year)

Reason for Request: _____

Student Signature: _____

Courses Affected:

| Course Code | Course Title | Suggested Expiration Date | Faculty Approval |
|-------------|--------------|---------------------------|------------------|
| | | | |
| | | | |
| | | | |

Faculty Comments: _____

FOR OFFICE USE ONLY:

DEAN OR DESIGNATE: **Granted** **Denied**

Confirmed Date of Expiration/Comment: _____

Approval: _____ Date: _____

REGISTRATION OFFICE:

Result: Incomplete Changed to Deferral Dropped Course Completed/Received Grade