



APPLICATION FOR AN INCOMPLETE / DEFERRAL

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

Student Name: _____ Student ID #: _____

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

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

Reason for Request: _____

Date of 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