

## 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: \_\_\_\_\_