



Approval of Deferred Grade

Return To:

Academic Records
112 Shields Building
University Park, PA 16802-271
Fax: 814-863-1929

Student Name: _____ ID: _____

Course: _____
name number section Spring Summer Year

Deferred Grade Deadline: _____
/dd/yy

I am the instructor of record for the above named course, and am approving a deferred grade deadline for this student. I have discussed this approval with the student, and the student understands that the deferred grade will convert to an F grade after the deferred grade deadline.

Instructor Signature Date e-Mail address

Instructions:

This form is required only if:

1. The deferred grade deadline is earlier than the stated 6 weeks.
2. The instructor is approving an extension beyond 6 weeks.
3. The course instructor is not available and approval of the deferred grade is being made by an authorized individual.