ST. JOSEPH’S SEMINARY

Request for Extension and Grade of Incomplete

(To be completed by the student, signed by the professor and submitted to the Academic Dean)

Student’s name: _______________________________________

Semester: _____________________________________________

Course name: _________________________________________

Reason for the request __________________________________

________________________________________________________________

________________________________________________________________

________________________________________________________________

Agreed due date for the completion of all course work: ________________________________

Professor Name: ________________________________

Professor Signature: ______________________________

Date: ____________________________________________

Note: The maximum duration of an Incomplete grade is six weeks, at which point the grade is automatically changed to a grade of Failure.

__________________________________________

Received by Academic Dean ______________________