



# 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.

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Received by Academic Dean \_\_\_\_\_