

ST. JOHN'S SEMINARY

REQUEST FOR A GRADE OF INCOMPLETE



Course No.

Course Title

Semester

I have given my consent for _____ to receive a grade of
INCOMPLETE in this course. Student's Name

A. Reason for request:

B. Please describe stipulations for completion of course work:

C. Material is due on:

Professor's Signature

Date

The student must complete course work in the manner indicated by the professor within **30 days** following the end of the semester. If work has not been completed and turned in to the professor, a grade of "**W**" will be given. The mark of "W" cannot be changed. If the incomplete course is required for the degree, it must be re-taken in its entirety.

Under special circumstances, a student may apply for an additional 30 day extension. A request for an extension must be submitted to the Academic Dean prior to the date shown in Section C above.

I understand the above stipulations and agree to adhere to this policy:

Student's Signature

Date

Approved:

Academic Dean's Signature

Date

copy to: Student []
Professor []