



Petition for Incomplete Extension

Name \_\_\_\_\_ Date \_\_\_\_\_

Student ID Number \_\_\_\_\_

Professor \_\_\_\_\_

Course Name \_\_\_\_\_

Quarter:     Fall \_\_\_\_\_     Winter \_\_\_\_\_     Spring \_\_\_\_\_     Summer \_\_\_\_\_

**Reason for Request:**

Please Note:

1. This **Incomplete Extension** is granted *only until the due date indicated below*.
2. All required work must be submitted to the professor by this date or a failing grade will be submitted.

Student's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Professor's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

**Date Work is Due** \_\_\_\_\_

Please return form to:

**Fr. Tom Powers, SJ, Director, Graduate Program in Pastoral Ministries, Santa Clara University  
500 El Camino Real, Santa Clara, CA 95053-0337**