

Petition for Incomplete

Name _____ Date _____

Student ID Number _____

Professor _____

Course Name _____

Quarter: Fall _____ Winter _____ Spring _____ Summer _____

Reason for Request:

Please Note:

- 1. This **Incomplete** is granted *until four weeks after the beginning of the following academic quarter.*
- 2. All required work must be submitted to the professor by this date or a failing grade will be submitted.
- 3. If you anticipate needing more time you must submit a **Petition for Incomplete Extension** form.

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**