



Petition for Incomplete

Name \_\_\_\_\_

Date \_\_\_\_\_

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

Professor \_\_\_\_\_

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

**Quarter/Year:**     Fall \_\_\_\_\_     Winter \_\_\_\_\_     Spring \_\_\_\_\_     Summer \_\_\_\_\_

**Reason for Request:**

Please Note:

1. This **Incomplete** is granted *only until the due date indicated below which is three 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.

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

Student's Signature _____	Date Signed _____
Professor's Signature _____	Date Signed _____
Director's Signature _____	Date Signed _____

Please return this form to  
Santa Clara University  
Graduate Program in Pastoral Ministries  
pastoralministries@scu.edu