

Application to Extend Deadline for Incomplete Grades

Instructions: Complete this form when a request is made for an extension of an incomplete course. When all signatures have been obtained, make four copies of the agreement. One copy each should be retained by the instructor, the student, the departmental chair, and the school/college. The original should be placed in the student's file. Failure to complete this process and receive the necessary approvals will result in a Permanent Incomplete in the student's transcript and a repeat of the course if it is a degree requirement. Section I: Student Information

Name		X Number	Date	
Address			Daytir	ne Phone
School/College Section II: Course Informatior	1	Program	Degre	e
Course Number	Course Name			
Semester Taken, including Year:				
Instructor's Name Section III: Statement of Agre The coursework must be complet Specific details of the coursewort are: Section IV: Approval Signatur	ement ted by k that the studer			
Signature of Student		Date		
Signature of Instructor		Date		
Signature of Chair		Date		
Signature of Associate Dean or Designee		Name of Associate Dear	or Designee	Date

Please return to Graduate Division, St. John's College of Liberal Arts and Sciences, St. John Hall, Room 145 or sjcgr@stjohns.edu.