



Holy Apostles College & Seminary

Course Incomplete Form

First Name: _____ Middle Initial: _____ Last Name: _____

The grade of Incomplete ("I") is given in regular courses upon request of the student for personal emergencies that are verifiable.

This student has requested an incomplete for the following reason(s):

Course Number: _____ Course Title: _____ Instructor: _____

The following serves as written notification to the student of work required to complete the course:

If the student does not complete the course during the first 4 weeks following the end of the semester, the Registrar shall change the grade of "I" to an "F".

Student's Signature: _____ Date: _____

Professor's Signature: _____ Date: _____

Professor, will the student require further access to the course's assignments, lessons, exams, and lectures after the close of the class?

YES _____ NO _____

Academic Dean's Signature _____ Date: _____

Students, after receiving your professor's signature, please return this form for processing.

The form may be emailed or faxed at 860-632-3030

Undergraduate students, please send the form to Cathy Surface at csurface@holyapostles.edu

Graduate students, please send the form to Jennifer Arel at jarel@holyapostles.edu

