



# Holy Apostles College & Seminary

## Course Incomplete Form

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

A student who encountered serious extenuating circumstances but completed at least 50% of coursework may request an incomplete with the approval of the course instructor. An approved incomplete allows the student a four-week extension to complete the remaining coursework. During the incomplete, the student receives a temporary course grade of "I" (incomplete). Students who completed little or no work during the semester are ***not*** eligible for an incomplete.

Course Number & Name: \_\_\_\_\_

Instructor: \_\_\_\_\_

Student: Explain the reason(s) for requesting an incomplete:

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Student's Signature: \_\_\_\_\_

Student, please send the signed form to your instructor for approval.

Course instructor, list the remaining work the student must complete:

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Course instructor's signature indicated approval of the incomplete request.

Instructor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor, please send the signed form to the Registrar ([registrar@holyapostles.edu](mailto:registrar@holyapostles.edu)).

Registrar approval:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_