

Ecumenical Theological Seminary
2930 Woodward Avenue, Detroit, MI 48201
www.etseminary.edu | 313.831.5200

Petition for Extension of Grade of Incomplete

Student's Name _____

Address _____

Phone _____ Email _____

Course Prefix/Number/Title _____

Quarter/Academic Year _____

Student's Reason for Request of Extension:

Professor's Requirements for Granting Extension:

Revised Date for Completion of Incomplete

Revised Date _____

Grade if work is not completed by revised date: _____

Signature of Student _____ Date _____

Signature of Professor _____ Date _____

The student must secure the signature of his/her Advisor and Program Director.

Signature of Advisor _____ Date _____

Signature of Program Director _____ Date _____

Program Director submits form to Academic Dean for approval or disapproval.

Academic Dean's Signature _____ Date _____

Program Director notifies student of approval or disapproval.

The Program Director will submit copies of completed form to: student, Registrar's office (original), Academic Dean, Advisor, Program Director, Finance Office

The Registrar will notify the Finance Office once the grade is finalized.