OBLATE SCHOOL OF THEOLOGY
285 Oblate Drive. San Antonio, TX 78216-6693
210-341-1366 www.ost.edu

APPLICATION FOR GRADE of INCOMPLETE

Student's Name _____ Semester _____ Date of last exam _____

Course Number & Name _____ Instructor _____

I am applying for a grade of "Incomplete" for the above course. I understand that the missing work for this course is due to the instructor on _____ (six weeks from the date of the last exam day). I further understand that the grade of "Incomplete" will automatically become an "F" if this work is not received. The missing work is: _____

_____

Any exception to this policy must be discussed with the Academic Dean and documented.

Student's Signature _____ Date _____

_____ _____

Signature of Instructor Date Signature of Advisor Date

Revsd. 1/28/05