

Saint Louis University – Madrid Campus
Petition for Course Extension
(Incomplete Grade)

Form
#2D

Section 1 Student	_____	_____	_____
	Student Name	Student ID	Student Email
	_____	_____	_____
	Primary Program/Major	Total Earned Hours	Student Phone #

Section 2 Course	Semester (fall/winter/spring/summer and year)	_____
	Course Reference Number (CRN)	_____
	Course Subject/Number/Section	_____

Section 3 Justification	State in clear and concise sentences why a Petition for Course Extension is being submitted. (Please ensure conditions are communicated to the student).
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Section 4 Deadlines	_____	_____
	Student Deadline (may be less than or up to one year from date the final grade is due in the course)	Grade Submission Deadline (if additional days are needed to grade student course work)

Section 5 Approvals	_____	_____	_____
	Instructor Name	Signature	Date

Section 6 Approval	_____	_____	_____
	Dean/Director Name	Signature	Date