



**Archdiocese of Hartford ~ St. Thomas Seminary**  
**Certificate in Biblical Studies Program**  
**467 Bloomfield Ave. • Bloomfield, CT 06002**  
**Phone: (860) 242-5573 ext. 2679 Fax: (860) 243-9690**  
**catholic.biblical.school@aohct.org**



**REQUEST FOR INCOMPLETE GRADE**

Student and Instructor:

Please complete this form in full and return to CBS Chair. Please do not omit any requested information.

|            |              |
|------------|--------------|
| Course No. | Course Title |
|------------|--------------|

|                      |
|----------------------|
| Instructor's Name(s) |
|----------------------|

|                |               |
|----------------|---------------|
| Student's Name | Email Address |
|----------------|---------------|

|                |                   |
|----------------|-------------------|
| Postal Address | Daytime Phone No. |
|----------------|-------------------|

**Description of Assignments to Be Completed (Instructor and Office use only):**

|  |  |
|--|--|
| Summer Reading Assignment (check one)<br><input type="checkbox"/> Complete <input type="checkbox"/> Incomplete | Scripture Days:<br>Opening: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete<br>Lent: <input type="checkbox"/> Complete <input type="checkbox"/> Incomplete |
|--|--|

|   |  |
|---|--|
| Homework (indicate missing HW by lesson #): | Unit Exams (check any not completed):<br><input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3 |
|---|--|

|   |  |
|---|--|
| Integral Challenges (ICs):<br><br>ICs <b>completed to date</b> (indicate how many and in which unit(s) IC(s) were submitted): _____<br><br>ICs <b>still to be completed</b> (indicate how and in which unit(s) IC(s) were submitted): _____ | Attendance (indicate # of absences per unit):<br><br><input type="checkbox"/> Unit 1 <input type="checkbox"/> Unit 2 <input type="checkbox"/> Unit 3 |
|---|--|

I understand that I am responsible for the timely completion of all material and that failure to complete all course requirements by the specified "deadline for completion date" will result in the assignment of a grade for the course based on completed assignments only, with a grade of "F" assigned for all incomplete assignments. I also understand that I become ineligible for the St. Thomas Seminary Certificate in Biblical Studies if all assignments are not complete. I further understand that my course instructor may require materials submitted according to a reasonable, designated timetable. I will comply with course instructor requirements but reserve the right to petition the Chair of the Department once, in writing, for reasonable adaptations or extensions. I understand that such adaptations or extensions may or may not be granted.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

|   |                                      |
|---|--------------------------------------|
| Shaded portion for Instructor and Office Use Only | <b>Deadline for Completion Date:</b> |
|---|--------------------------------------|

Instructor #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor #2 (if more than one teacher is involved) Signature \_\_\_\_\_ Date \_\_\_\_\_

Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

This form *must* be received, complete with all signatures, in the Certificate in Biblical Studies office *within two weeks* of the final day of the academic term, to avoid receiving a "Failed" grade for all incomplete work. IT IS THE STUDENT'S RESPONSIBILITY to ensure the form *has been received* in the CBS Office in Bloomfield and is approved by the Director of the Catholic Biblical School, Barbara Jean Daly Horell within the time frame allotted.