![McMaster Divinity College]

INSTRUCTIONS: Please review the policy on Incomplete / Deferrals

Student Name: _____ **Student ID #:** _____

Program & Year (Level): _____ **Contact Information (email):** _____

Date of Request: _____

Request for: ☐ **Incomplete (less than 3 months)**
☐ **Deferral (3 months to one year)**

Reason for Request:

 Student Signature: _____

Courses Affected:

Course Code	Course Title	Proposed Completion Date	Faculty / Instructor

Comments: