



PETITION FOR DEFERRED GRADING

HOLY NAMES UNIVERSITY

3500 Mountain Blvd

Oakland, Ca 94619

Phone: (510) 436-1133 / Fax: (510) 436-1199

This grading option is reserved for classes that are **experiential in nature**, requiring a certain number of hours spent in an **experiential setting** for completion. For example: **internships, student teaching, clinical placements, fieldwork, or practica.**

**Forms will not be processed unless all information is completed and signatures are obtained.

**Note: Failure to remove the Deferred Grade by the date specified in this contract will result in a "F" grade for the course.

STUDENT INFORMATION

COURSE INFORMATION

Name: _____

Term and Year: _____

Student ID Number: _____

Course ID and Section: _____

Advisor: _____

Title: _____

Address: _____

Instructor: _____

PETITION INFORMATION

Reason for Request: _____

Date of Petition: _____

Completion Contract:

Course work completed by ____/____/____ (Date must not be later than one year from date of petition)

REQUIRED SIGNATURES

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date: _____

Registrar's Signature: _____ Date: _____

For Office Use Only:

Deferred Recorded: ____/____/____

Grade Recorded ____/____/____