



THE MASTER'S UNIVERSITY

Incomplete Contract Form

Rev. 2/2024 masters.edu/registrar | registrar@masters.edu

Semester: \_\_\_\_\_

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_

PLEASE NOTE: An "Incomplete" may be issued at semester end to support a student's inability to complete that specific semester academic requirement under the following categories:

- Extenuating Circumstances - Is based on professor discretion and approval for students who merit additional time because of circumstances such as serious illness, accident, or a death in the family. An Incomplete Contract Form between professor and student must be completed, signed, and filed with the Office of the Registrar.
Medical - Is based on a medical injury/illness that prohibits a student's ability to complete the academic semester. Medical documentation must be submitted to the Office of Disability Services (ODS) for review and approval. An Incomplete Contract Form is between ODS/Professor/Student and must be completed, signed, and filed with ODS and the Office of the Registrar.

Any "Incomplete" not finished within the terms of the Incomplete Contract will lapse into the grade designated on the Incomplete Contract.

Course ID: \_\_\_\_\_ Units: \_\_\_\_\_

Course Title: \_\_\_\_\_ Instructor: \_\_\_\_\_

Reason for Incomplete: \_\_\_\_\_

TO BE COMPLETED BY INSTRUCTOR:

Work to be completed: \_\_\_\_\_

Deadline Date: \_\_\_\_\_ (Maximum 12 weeks past end of term)

Grade if work is not completed: \_\_\_\_\_

CONTRACT: An Incomplete is a contract between the student, instructor and the Office of the Registrar. If the work is not completed by the deadline, the course grade is changed to the grade specified by the professor, or an "F" if no grade is designated.

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

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR MEDICAL INCOMPLETE ONLY:

Office of Disability Services Director: \_\_\_\_\_ Date: \_\_\_\_\_

Signed & completed form sent to: Student, Professor and the Office of the Registrar on date: \_\_\_\_\_

Please submit completed form to the Office of the Registrar.

REGISTRAR USE ONLY

Date "I" grade posted

Registrar Signature