

**NYU****SCHOOL OF
PROFESSIONAL STUDIES**

INCOMPLETE CONTRACT

In the case of an extenuating circumstance (e.g., serious illness, serious family problems but not including work commitments or conflicts) and at the discretion of the instructor, an Incomplete Pass (IP) or Incomplete Fail (IF) may be granted, based on the student having completed at least 50% of the coursework and subject to the instructor and student entering into a written agreement detailing what must be completed for a grade to be issued and the deadline by which the work must be completed.

IP indicates that the student was passing the course at the time the grade was submitted. IF indicates that the student was failing the course at the time the grade was submitted. The Incomplete is for cases where a final assignment has to be missed due entirely to the extenuating circumstance that is outside of one's control. The instructor must receive approval for such an Incomplete from the Academic Program office. After such approval is given, the instructor must submit this form and the agreement with the student before the administrative office will post the IP or IF.

The deadline for completing the unfinished work is set by the professor not by the student, but in no event can it be more than 12 months after the close of the semester. (Example: An incomplete in fall, must be completed and graded PRIOR to grades being posted for the following fall.) In every case, the deadline should be the soonest viable date and in most cases it should be no more than thirty days after the end of the semester in which the IP or IF is issued.

If an instructor is not prepared to continue to work with the student to supervise, review and grade the unfinished work after the end of the semester, then the instructor cannot agree to issue an IP or IF grade.

If outstanding course work has not been completed by the end of the agreed time, an IP becomes an "N" (no credit) and an IF becomes an "F" automatically. All requests for a grade of Incomplete must be accompanied by supporting documentation and must be approved by the program office. No extension will be granted beyond the "End of Contract" date below.

TO BE COMPLETED BY STUDENT

Student Name: _____ Student ID:N: _____

Academic Program: _____

Instructor Name: _____

Course Number and Section: _____ Course Title: _____

Semester (check one): Spring Summer Fall Year: _____

Complete Address: _____

Phone(s): _____

Email Address: _____



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TO BE COMPLETED BY A FACULTY MEMBER ONLY

Instructor phone number(s): _____

Instructor email address(es): _____

Reason for incomplete (*be specific*): _____

List the supporting documentation attached: _____

Work to be completed for grade assignment (*description*): _____ % of Grade

Percentage of Course Completed: _____

Recommended grade in completed portion of course requirements (check one):

A A- B+ B B- C+ C C- D+ D F or Not possible to determine at this time

Grade to be submitted on grade roster for current semester (check one): IP (Incomplete Pass) IF (Incomplete Fail)

End of Contract Date: Month: _____ Day: _____ Year: _____

I have read the above and understand that if the circumstances are not met, the incomplete will lapse as noted above:

End of Contract Date: Spring Summer Fall Year: _____

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Academic Program Signature: _____ Date: _____

*Follow-up on outstanding course is an obligation of both instructor and student

Make three copies: Student, Academic Department, and Instructor