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**Course Extension Contract**

If a student is not able to complete all course assignments, exams, and/or other requirements by the end of the semester and is granted extensions per the course syllabus and in agreement with the IOR(s), the Course Extension Contract should be completed by the student and IOR(s). Please submit the completed form to [Dr. Katie Wadas-Thalken,](mailto:kwadas@creighton.edu) Assistant Dean for Academic Affairs.

|  |  |
| --- | --- |
| **Course Number and Title:** |  |
| **Student Name:** |  |
| **Student NetID:** |  |
| **Reason for Course Extension:** |  |

I, the student, agree to the following stipulations with respect to my Course Extension. I understand that I will be given an interim grade of “I” (Incomplete) until I complete all course assignments, exams, and/or other requirements. I will take the remaining exams and complete any remaining assignments in the course by the dates identified below:

|  |  |
| --- | --- |
| **Item to be Completed** | **Completion Date or Deadline** |
|  |  |
|  |  |
|  |  |
|  |  |

I, the student, understand that all work for the course must be completed and submitted to the IOR(s) by the deadlines listed above. I also understand that after these dates, failure to comply with my planned completion of the course may result in course failure.

***IOR complete this section:***

|  |
| --- |
| **If the above items are not completed by the listed deadlines (or by additional extensions approved by me), the following final grade will be issued:**  (You may list a specific grade, such as F/UN, or state that the student will receive zeroes for missing items and the final grade will be calculated once zeroes have been entered). |
| **Final Grade:** |

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

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* Instructor of Record Signature Date**

xc: Faculty Advisor

Assistant Dean for Academic Affairs, SPAHP

Student File