

## ACCESS Medical Absence Accommodation Agreement Form

**Course:**

**Professor:**

**Student:**

The attendance accommodation is most frequently granted for a student who has a documented chronic health problem which occasionally causes him/her to be absent from class.

Students who are eligible for this accommodation are responsible for completing all coursework. This accommodation is not a “blank check” which allows students to miss a large number of classes for any given course.

The intent of this Agreement is to establish a plan of action prior to attendance becoming an issue. The Agreement should result in a clear understanding of expectations and responsibilities as to how the accommodation will be implemented.

- 1. The maximum number of disability related absences allowed as an accommodation for this student for this course is** .  
(Be specific. Do not restate the number of absences allowed for all students in the course.)
- 2. The student will notify the instructor of a disability-related absence (email, phone, etc) within the following time frame** .  
(A doctor’s note will not be required for disability related absences)
- 3. Homework/assignments/projects due the day of the disability related absence will be turned in following via the procedure outlined below.**  
(Include a maximum number of days assignments may be late and the process for submission)
- 4. The procedure for making up a missed quiz, exam, or in-class graded assignment given on the day of a disability related absence is described below.**

I agree to contact the ACCESS Advisor immediately to discuss concerns about this process in order to resolve them in a timely manner.

I agree to contact the ACCESS Advisor and/or instructor if there is a point where the absences exceed the maximum number of hours in order to discuss options that may involve dropping/withdrawing the course or receiving an incomplete grade when appropriate.

By signing the statement below, I \_\_\_\_\_ agree to follow the above plan as agreed upon with my instructor. Student Name

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(By typing your name in the above field you're signing and agreeing to this form. You are also welcome to print, and sign the form by hand.)

By signing the statement below, I \_\_\_\_\_ understand that the above student agrees to follow the guidelines established above. Instructor Name

Instructor’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(By typing your name in the above field you're signing and agreeing to this form. You are also welcome to print, and sign the form by hand.)

**All parties are to keep a copy of this Agreement and a signed copy is to be returned to the ACCESS Office.**