

**Disability Related Absences/Assignment Agreement Form**

*To be completed by faculty member and student; please make copies and return to ODS*

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Semester \_\_\_\_\_ Course \_\_\_\_\_ Course Code \_\_\_\_\_

**Maximum number of medical/disability-related absences as agreed upon allowed for this student for this course:** \_\_\_\_\_

*Be specific as possible avoiding vague phrasing*

**How and when will the student notify the professor of a disability related absence/missed assignment?** Depending on the nature of the student’s disability, it is reasonable for the student to notify the professor of a disability related absence either before or after the missed class section.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Procedure for turning in homework/assignments/projects due the day of the disability related absence. Include maximum number of days assignments may be submitted late for credit.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Procedure for making up a missed quiz, exam or graded assignment.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this agreement, student and faculty agree to the course-specific parameters listed above. This agreement is valid with an approved disability-related absence/due date accommodation and only when both the student and faculty have completed this form in agreement. If the absences or extended due dates meet or exceed 50% of those agreed upon in the agreement both parties will inform the Director of Disability Services (ODS). Please send the completed/signed form back to ODS (ods@westmont.edu) and maintain copies for each person.

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

Faculty Name: \_\_\_\_\_ Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: