

## Excused Absence Agreement

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

Course: \_\_\_\_\_ Quarter: \_\_\_\_\_

Course Modality (i.e. face-to-face, asynchronous): \_\_\_\_\_

Federal law, Section 504 of the Rehabilitation Act, requires colleges and universities to consider reasonable modification of attendance policies if needed to accommodate a student's disability. Students with this accommodation have disabilities which are episodic in nature with unpredictable or cyclical acute episodes, and as a result the disability may occasionally impact the student's ability to attend class. There may be course and/or components of courses in which flexible attendance/participation may not be deemed reasonable.

The Disability Resource Center (DRC) requires that students with a disability-related need for Excused Absences are responsible for contacting their instructor(s) to discuss this accommodation as soon as possible after the quarter begins. During this discussion, the following agreement should be reviewed and completed by both parties to clarify how the accommodation will be addressed during the quarter. If the student or instructor has any questions regarding the content of this agreement, the DRC Access Specialists are available to provide counsel on issues concerning disability and attendance. The student should follow the below agreement for each instance when an absence occurs. For more information about this accommodation, visit [Excused Absence](#).

- 1.) How and when will the student notify the instructor of a disability-related absence (email, phone, etc.)?**
  
- 2.) What is the procedure for turning in homework/assignments/projects due the day of a disability-related absence? *(Include maximum number of days assignments may be late and how they are to be submitted)***
  
- 3.) What is the procedure for making up a missed quiz, examination, or in-class graded assignment, etc. given on the day of a disability-related absence?**

_____ Student Name	_____ Student Signature	_____ Date
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_____ Faculty Name	_____ Faculty Signature	_____ Date
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