DISABILITY SERVICES
ACADEMIC CONTRACT

Student Name: ___________________________ Student ID: ________________

Date(s) Absent: _______________ Date Released: _______________

Assignment missed: ________________ Date Assignment Due: _______________
Assignment missed: ________________ Date Assignment Due: _______________
Assignment missed: ________________ Date Assignment Due: _______________

Tests missed: ________________ Make-up Test Date: _______________
Tests missed: ________________ Make-up Test Date: _______________
Tests missed: ________________ Make-up Test Date: _______________

_____ I understand that I must submit my assignments and tests on time as agreed.
_____ I understand that I have to email my instructor(s) prior to missing any class.
_____ I understand and had the withdrawal and “incomplete” processes explained to me.
_____ I understand that my failure to comply with this contract may result in receiving a letter grade of “F” for the course.

Student’s Signature: ___________________________ Date: ____________
Instructor’s Signature: ___________________________ Date: ____________