



**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: _____