

Disability-Related Absence and Deadline Modification Agreement

For additional information, please consult the SDS website before completing this form.

Student Name: _____ Student ID: _____

Instructor Name: _____ Course: _____

Section A: Excused Absences/Make-up Participation Points (not to result in a fundamental alteration of the course)

- Check if not applicable to course –OR– if student is not requesting any modifications.** (if checked, skip to next section)

SDS students receiving this accommodation should not also be required to submit Absence Forms for Disability-Related Absences

1. **Adjusted maximum # of excused absences** (e.g. syllabus = 3, so perhaps adjusted = 6): _____

2. **Additional Details or Exceptions to the above**, where applicable:

3. **Expectations of student notification to instructor** (e.g. email within 8 hours of missed class, etc.):

4. **Plan for Make-up Participation Points**, where applicable (e.g. submit summary of reading topic):

5. **Plan for providing Class Notes or other information from class**, where applicable (e.g. announcements, visual aids):

Section B: Make-up Quizzes/Exams

- Check if not applicable to course –OR– if student is not requesting any modifications.** (if checked, skip to next section)

1. **Expectations of student notification to instructor** (e.g. email within 4 hours of missed quiz/exam, etc.):

2. **Timeframe for Make-up Quizzes/Exams** (select one):

- within ____ business days of the original exam/quiz date
- by _____ (e.g. specific date, "end of the semester")

Section C: Deadline Extensions for Assignments

- Check if not applicable to course –OR– if student is not requesting any modifications.** (if checked, skip to next section)

Plan for Deadline Extensions (consider how this might vary by assignment, e.g. email to instructor within 48 hours):

By signing below, both the student and instructor have agreed to this plan. The student also agrees to:

1. Only use this plan for disability-related reasons and maintain prompt/regular communication with the instructor.
2. Contact instructor/SDS in advance if unable to meet the terms of this agreement (e.g. going over maximum absences).
3. Be held to the course syllabus policies if unable to meet the terms of the agreement and no revisions have been made.

Student Signature: _____ **Date:** _____

Instructor Signature: _____ **Date:** _____

The student and/or instructor should contact SDS to request the student's Accommodation Coordinator if terms of agreement are not being met, if questions or further guidance is needed, or if absences meet or exceed 50% of those agreed upon.

Additional information is available by contacting SDS at 319-335-1462, sds-info@uiowa.edu or on the SDS website at: <https://sds.provost.uiowa.edu/accommodations/dradm-accommodation-student-guide>.