

Student Name: _____ Semester: _____

ACCOMMODATION AGREEMENT FORM

It is the Student's Responsibility to:

- Schedule an appointment with each class instructor every semester to verbally request and discuss implementation of authorized academic accommodations.
- Sign, obtain instructor's signature, and save the Accommodation Agreement form.
- Allow at least one week for the instructor to provide academic accommodations.

It is the Instructor's Responsibility to:

- Read the Notification of Accommodation email sent to their MIX email account.
- Review the student's Notification of Accommodation email with them in a confidential setting.
- Collaborate with the student to implement the accommodations outlined within one week.
- Sign and date below to indicate that the student has discussed academic accommodations with them.
- Black out other Instructors' signatures on any saved copies of this agreement.
- Store all Office of Accessibility Services related documentation in a secure location.

Accommodations discussed: _____

Instructor: _____ Course: _____ Student: _____ Date: _____

Accommodations discussed: _____

Instructor: _____ Course: _____ Student: _____ Date: _____

Accommodations discussed: _____

Instructor: _____ Course: _____ Student: _____ Date: _____

Accommodations discussed: _____

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