



**ACCESSIBILITY 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: \_\_\_\_\_