Accessible Campus Community & Equitable Student Support

Intermittent/Extended Absence Form

An Intermittent/Extended Absence Form should be filled out, signed by the student and professor in situations where the diagnosis of a documented disability could potentially result in consecutive or reoccurring absences of five (5) days or more. Please note, exceptions to attendance policies will be determined on an individual, case by case basis. For maximum efficacy, this form should be submitted to the professor for approval before the second week of class. You can submit this form after the second week, but please be aware, these accommodations are not retroactive and only cover absences from the point of receiving this form. This accommodation does not afford unlimited absences and if the absence is not the direct result of complications associated with the diagnosis, then the absence is counted as unexcused.

By signing below, I (Faculty/Student) agree to the following:

- I acknowledge that although I/the student can make up assignments, the benefit of a knowledgeable teacher leading a class discussion cannot be replaced.
- I acknowledge that although an exception to the attendance policy has been made, absences can still negatively impact my academic performance due to content or experiential components that cannot be reproduced due to missing class.
- I acknowledge that although instructors work within the guidelines of a syllabus, it is understood that an instructor may change the assignments/lessons at any time if the need arises.
- The instructor will give me/the student assignments to complete during any extended or intermittent absence; however an instructor might add, change and/or remove assignments during extended absence. As such, it is the responsibility of the student to check Blackboard and applicable resources regularly during any extended/intermittent absence to determine if any assignments have been added, changed and/or removed.
- I acknowledge it is my responsibility as the student to contact my instructor regarding any diagnosis related absence or emergency as soon as possible. Furthermore, it is my responsibility as the student to inquire about missed work or plan to make up any exams or quizzes.
- I acknowledge that additional days to complete any assignments will be negotiated on a case-by-case basis unless otherwise specified via email communication or attachment. If a student completes all work in the allotted time, they will be given full credit for the work.
- I acknowledge that lack of attendance over an extended period without communication may necessitate administrative withdrawal from the course. Otherwise, an attendance threshold may be negotiated between the faculty and student.

This agreement may be accepted in full or amended as agreed upon by the undersigned.

____________________________     ____________________________                _____________
Student Name (print)                             Signature                                                            Date

____________________________     ____________________________               _____________
Faculty Name (print)                              Signature                                                           Date

Approved ☐   Not Approved ☐