FLEXIBILITY WITH ATTENDANCE AGREEMENT FORM

STUDENT NAME: ___________________________________________________________

PROFESSOR NAME: ________________________________________________________

SEMESTER/CLASS/SECTION: _________________________________________________

Maximum number of disability related absences for the student for this course: ______
(Be as specific as possible. Avoid vague phrasing such as “flexible”, “open”, “to be determined.”)

Procedure for making up a missed quiz, exam, or in-class graded assignment given on the day of a
disability related absence: _______________________________________________________

___________________________________________________________________________

Procedure for turning in homework/assignments/projects due the day of a disability related absence;
include maximum number of days assignments may be late: ____________________________

___________________________________________________________________________

If attendance will generally be an essential function, and, where attendance is essential, there can be a
point at which disability related absences cannot be reasonably accommodated. If at any point, the
professor and/or the student have any questions or concerns about the process, OAS should be informed
as early in the process as possible so we can address and work to resolve them.

This agreement is valid only with an approved disability related absence accommodation letter, after both
the student and faculty have completed this form together. Please return the original signed form to OAS
(i.e. upload to accessibility@emory.edu or oas_oxford@emory.edu), with the professor and
student both retaining a copy.

Student Signature: ___________________________________________ Date: _______________

Professor Signature: ___________________________________________ Date: _______________