

**WSU ACCESS CENTER**  
**FLEXIBLE ATTENDANCE AGREEMENT**  
For Students with Specific Disabilities/Chronic Medical Conditions

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**NOTE: Student and Faculty MUST complete this form TOGETHER.**

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**The Access Center has determined that flexible class attendance is a reasonable academic accommodation for the following student:**

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**Student's name, ID# and Semester/Year**

The Access Advisor realizes that professors have various attendance requirements and the level of attendance required varies from subject to subject.

**This agreement is to be used in assisting the professor and the student in determining what is reasonable regarding attendance.** This agreement is to only cover those absences related to the student's disability/chronic medical condition. The student is responsible for following the professor's policy regarding absences due to non-disability related issues.

**This agreement must be established before attendance has become an issue.** Student is to meet with instructor(s) within one week of meeting with their Access Advisor. (NOTE: Instructors are only required to provide disability related accommodations after the date following the Access Advisor's signature, below.)

**It is the student's responsibility to inform the instructor in writing (via email) that the absence was disability related.** The student is not required to disclose to the instructor the details of the absence. Depending on the nature of the student's disability, it is reasonable for the student to notify the instructor of a disability-related absence either before or after the missed class.

**When a student is absent due to his or her disability, he or she is responsible for the class content, lecture notes and information presented that day.** The student needs to arrange how he or she will obtain this information prior to possible absences.

**A copy of this agreement should be kept on file by the professor, the student, and the student's Access Advisor.** (The student is responsible for transmitting a copy of this agreement to their Access Advisor and any changes/updates.)

**If the professor and/or the student have any questions or cannot agree on the terms of flexibility, the Access Advisor should be contacted for consultation.**

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**Access Advisor Name and Signature**

**Date**

**Access Advisor Contact Information:** \_\_\_\_\_

**FLEXIBLE ATTENDANCE AGREEMENT TERMS BASED ON DISABILITY**

Student's Name: \_\_\_\_\_

Professor's Name: \_\_\_\_\_

Course/Section: \_\_\_\_\_

Maximum number of disability related absences allowed for this course: *(please agree on an actual number; do not choose "flexible or to be determined.")* \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NOTE: This agreement is valid only when both the student and faculty have completed this form together.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

Professor signature \_\_\_\_\_ Date \_\_\_\_\_

**If the maximum number of negotiated absences is exceeded, the student and instructor must meet to discuss an appropriate course of action** (examples: student will be granted an incomplete; student will be advised to withdraw from the course; number of absences will be re-negotiated). **If original agreement is re-negotiated, please document below, initial and date, and send copy to the Access Center.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Initials/Date: \_\_\_\_\_

Professor Initials/Date: \_\_\_\_\_