



**EMORY**  
UNIVERSITY

**Access, Disability Services  
and Resources**  
**Office of Equity and Inclusion**

**DISABILITY RELATED ABSENCES 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, ADSR should be informed as early in the process as possible so we can address and work to resolve them.

This agreement is valid with an approved disability related absence accommodation and only when both the student and faculty have completed this form together. Please send the original signed form back to ADSR Office (i.e. upload to [adsrstudent@emory.edu](mailto:adsrstudent@emory.edu) or [adsroxford@emory.edu](mailto:adsroxford@emory.edu)), with the professor and student both retaining a copy.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professor Signature: \_\_\_\_\_ Date: \_\_\_\_\_