

Attendance/Deadline Modification Agreement (Template)

For consultation, contact student's Access Specialist. For instructions and examples, visit go.osu.edu/attendancemod.

Student Name.#: _____ . _____ Course: _____

Instructor Name: _____ Instructor Email: _____

Section A: Excused Absences / Make-up Participation Points

- Check if not applicable to course requirements –OR– if student is not requesting any modifications.
(if checked, skip to next section)

1. Adjusted maximum # of excused absences (e.g. standard = 3, so perhaps adjusted = 6): _____

2. Additional Details or Exceptions to Allotment, if applicable (e.g. one-time events): _____

3. Plan for Make-up Participation Points, if applicable (e.g. submit summary of reading topic): _____

Section B: Make-up Quizzes/Exams

- Check if not applicable to course requirements –OR– if student is not requesting any modifications.
(if checked, skip to next section)

1. Timeframe for Make-up Quizzes/Exams (select one):

- within _____ business days of the original quiz/exam date
 by _____ (e.g. specific date, "by end of semester")

2. Location/Proctor for Make-up Quizzes/Exams (select one):

- with the Instructor/TA (specify: _____)
 at the OSU Testing Center on Lane Avenue (<http://registrar.osu.edu/testing/>)
 at Disability Services (ONLY for accommodated exams originally scheduled at SLDS)

Section C: Deadline Extensions for Homework, Papers, Presentations, etc.

- Check if not applicable to course requirements –OR– if student is not requesting any modifications.
(if checked, skip to next section)

Plan for Deadline Extensions (consider how this might vary by assignment): _____

By signing below, both the student and instructor have agreed to this plan. The student also agrees to:

1. Only use this plan for disability-related reasons and maintain prompt/regular communication with the instructor.
2. Contact instructor/Access Specialist in advance if unable to meet the terms of this agreement (e.g. going over maximum absences).
3. Be held to the course syllabus policies if unable to meet the terms of the agreement and no revisions have been made.

Student Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

After this agreement is finalized, the student must return this form to Disability Services (in-person or via email).