



Flexibility with Attendance and Rescheduling Exams Agreement

Student Name: Student ID Number:
Student's DRC Consultant: Semester:
Course Number and Section: Instructor Name:

Please copy and paste or attach copy of the course attendance and excused absence policy as written in the syllabus:

How many additional absences beyond the policy can the faculty offer to provide flexibility with attendance while maintaining course standards? Maximum number of total absences:

State plan for notifying the faculty, making up missed exams, and making up participating points. Also state plan to notify DRC Testing Center if student tests in that space:

Student: I agree to abide by the notification requirements, makeup plan, and maximum number of excused absences listed above.

Student Signature Date:

Faculty: I agree to excuse student's absences under this policy and expect compliance with the makeup plan.

Faculty Signature: Date:

Approved by the DRC.

DRC Signature: Date:

In the event Faculty or Student cannot come to agreement contact the DRC Consultant.