**Disability-Related Absences Agreement**

**Instructor Information:**

1. Disability-related absences are recommended for registered students with chronic disabilities who require hospitalization, recurring doctor’s appointments, or scheduled treatments.
2. Students and instructors are responsible for meeting to discuss the student’s disability related needs prior to the last day of drop/add when possible.
3. Instructors are requested to consider the impact a student’s disability may have on class attendance. **It is up to each instructor to decide how many absences are permitted without fundamentally altering the requirements of the course.**
4. Students are responsible for keeping their instructors, health practitioners, and disability coordinator informed of their current health status. **Disability-related documentation should be provided to the Student Disability Resource Center.**

**Student Information:**

1. Disability-related absences are recommended for registered students with chronic disabilities who require hospitalization, recurring doctor’s appointments, or scheduled treatments. Please use priority registration when possible.
2. Pick up your accommodations letters from the Student Disability Resource Center prior to the start of classes.
3. Meet with your instructor(s) and discuss your disability related needs prior to the last day of drop/add when possible.
4. Inform the Student Disability Resource Center at the beginning of each semester of the agreed upon arrangements between you and your instructor(s).
5. Keep instructors, health practitioners, and the Student Disability Resource Center informed of any changes in your health status.
6. Disability-related medical documentation should be provided to the Student Disability Resource Center. The need for disability-related absences will be evaluated regularly. **Students are responsible for fulfilling the essential requirements of the course.**

**I have read the contents of this document and will adhere to the guidelines set forth as well as abide by the GC Honor Code and GC Student Code of Conduct. I understand that failure to do so may impact the use of this accommodation.**

**Student Signature:­­­­­­­­­­­­­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Semester:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**GCID**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Print Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Disability Resource Center:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_