Consideration for Absences Course Agreement Plan

Students MUST complete this form with their professor and return it to the Office of Accessibility Resources and Services within two (2) weeks of meeting with their professor. If you have questions, please contact the Office of Accessibility Resources and Services at oars@highpoint.edu or 336-841-9026. This completed form must be returned to OARS within two (2) weeks.

**Section 1: Student Information: To be completed by student-**

<table>
<thead>
<tr>
<th>Name: ___________________________</th>
<th>Phone #: ___________________</th>
<th>Email: ___________________________</th>
</tr>
</thead>
</table>

Class this agreement is for: ___________________ Professor’s Name: ____________________________

**Section 2: Course Outcomes: To be completed by professor-**

<table>
<thead>
<tr>
<th>Will this accommodation fundamentally alter the course outcomes:</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

If you selected YES above, please describe your reasoning:

______________________________________________________________

**Section 3: Course Agreement Plan: To be completed by student AND professor-**

What make up plan is in place should the student miss one of the following due to their consideration for absence accommodation:

- Presentation: ________________________________________________
- Assignment: ________________________________________________
- Test or Quiz: _______________________________________________
- Lab: ________________________________________________________

Are there specific days or events of the class that cannot be missed or made up due to the fundamental course outcomes?

______________________________________________________________

Once this student has reached _____ absences due to this accommodation, the professor and student must meet to ensure the course outcome is not being fundamentally altered. This meeting must be arranged by the student within 1 week of exceeding the agreed upon absences.

Please list any additional absence plans that should be included in this agreement:

______________________________________________________________

**Section 4: Signatures**

This agreement was created by student and professor to best assist in the completion of this course. Signatures below show that a collaboration between student and professor will assist student regarding their consideration for absence accommodation.

Student Signature: ___________________________ Date: ________________

Professor Signature: ___________________________ Date: ________________