Temporary Disability Accommodations Agreement

I, _______________________________________ understand that the academic accommodations listed below are being made on a temporary basis effective until the date specified. These accommodations are being offered temporarily while I am in the process of obtaining appropriate documentation for a disability. I understand that should I not obtain appropriate documentation, these accommodations will terminate on the date specified.

Accommodations _________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

Course Name Instructor Termination Date
(ex. Math 111-001)
1. _____________________________________________________________
2. _____________________________________________________________
3. _____________________________________________________________
4. _____________________________________________________________
5. _____________________________________________________________
6. _____________________________________________________________
7. _____________________________________________________________

___________________________________  _________________
Student Signature       Date

___________________________________
Student ID #