



UNIVERSITY of ALASKA SOUTHEAST

Policy and Agreement for Flexibility on Attendance or Due Dates on Assignments or Exams

Accommodation Implementation

Based on the disability documentation you provided to Disability Services (DS), it has been determined that when appropriate and reasonable, you are eligible for flexibility in your courses. DS cannot modify the learning outcomes of a course. Requests for retroactive flexibility are considered only in extreme situations, so you may be asked to provide medical documentation of your current situation to DS. It is important that you understand the expectations and responsibility related to this accommodation. **Each and every time you request flexibility with a deadline or attendance, you must complete the following process.**

Process for requesting flexibility with an assignment or an exam deadline:

1. When you realize you will need more time on an assignment or need to reschedule an exam **due to the impact of your disability**, notify your instructor and DS via email (uas.disabilityservices@alaska.edu).
2. Provide the name or number of the assignment or exam, (e.g., BIOL 115, Quiz #7; or HIST 131, Assignment #2).
3. Specify the assigned due date and the date and time of your requested extension (e.g., BIOL 115, Quiz #7, is due 03/02/2021 by 4:00 pm. I am requesting an extension of the due date to 03/03/2021 by 4:00 pm). This communication must happen **BEFORE** the assignment is due or exam is administered for the class.

Process for requesting flexibility with attendance:

1. As soon as you realize you will miss a class session (in-person or virtual) **due to the impact of your disability**, notify your instructor and DS via email (uas.disabilityservices@alaska.edu).
2. Provide the course title and section with date(s) you will miss. In situations where your disability has made it difficult for this notification to happen prior to the scheduled class session, you must send the notification as soon as you are able to do so.
3. Indicate how you plan to get any information or assignments related to the missed session(s).

Please sign to indicate you understand the information above and agree to follow the request process.

Name: _____ Student ID: _____

Signature: _____ Date: _____

DS Staff Signature: _____ Date: _____

At NO TIME are you required to provide medical disability documentation to your instructor.

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