

RADFORD UNIVERSITY

Center for Accessibility Services

cas@radford.edu * Phone: 540.831.6350 * * Fax: 540.831.6525
Russell Hall, Third Floor

ACADEMIC ACCOMMODATIONS CONTRACT

Student Name: _____ ID#: _____

Faculty Name: _____

Course Name/Section #: _____ Term and Year: _____

FACULTY MEMBER: A Disability Services Specialist has qualified this student for the accommodation(s) listed on the accompanying *Accommodation Letter*. Accommodations listed are vetted by due process procedures and supported by documentation on record in the CAS. Not all accommodations are applicable to an online course. Discuss the applicability of accommodations to the course name as indicated above.

COMPLETE THIS SECTION ONLY IF AN ALTERNATE STRATEGY IS NEEDED TO FULFILL AN ACCOMMODATION

Only accommodation(s) that **violate** the technical standards or objectives of a class, major or program require an alternate strategy. Both the student and faculty member must discuss and agree to each alternate strategy. The faculty member must document each alternate strategy below.

Alternate Strategy	Replacing Which Accommodation?

If applicable: Students who qualify for **AMENDED ATTENDANCE**, as indicated on the Accommodation Letter, are allowed additional absences ABOVE the standard number of absences allowed for the class.
Document additional absences allowed here _____.

This is a legal document. By signing below, both the Student and Faculty Member:

- acknowledge that the academic accommodation(s), as outlined on the accompanying *Accommodation Letter*, have been read, discussed and will be applied
- agree to the academic accommodation(s), as listed on the student's *Accommodation Letter*, and/or the Alternate Strategies (if any), as listed above
- acknowledge that accommodations are effective the date both signatures are obtained
- understand that the faculty member agrees to return the Volunteer Note Taker Sign-Up Sheet, if applicable, to the CAS within 5 business days to allow ample lead time for coordination of services

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

- White Copy to be returned to the CAS by the student within 5 business days of signatures.
- Yellow Copy is for faculty member.
- Pink Copy is for student.