



**DISABILITY SERVICES**  
**Lander University**

320 Stanley Avenue  
Greenwood, SC 29649  
864/388-8885 Fax: 864/388-8456

**RECORD OF NEGOTIATION**

Student: \_\_\_\_\_ Semester: \_\_\_\_\_

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

In order to respect the intent of the allowance of additional absences as a reasonable academic accommodation and to maintain the academic integrity of your course, please review the following information:

The above-named student is registered with Disability Services as having a verified disability. In light of the student's disability, an allowance for additional absences has been determined to be a reasonable accommodation.

If, in light of your attendance policy, you feel that attendance is an essential aspect of your course and cannot be negotiated, please contact Disability Services at 388-3888 as soon as possible.

If, in light of your attendance policy, you feel that attendance can be negotiated, please complete the remainder of this form when this student meets with you to discuss accommodations. Establishing a predetermined number of additional absences will help to protect all parties' best interests and avoid misconceptions regarding expectations throughout the semester.

**Please use the lines below to document the negotiated attendance policy for the above-named student.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The **student is responsible** for notifying you of absences related to this accommodation. If the student exceeds the number of negotiated additional absences, please refer the student to Disability Services to discuss withdrawal options.

The **student is responsible** for completing any and all missed work/assignments. Additional time to complete work/assignments may be warranted and should be considered on a case-by-case basis.

Please contact Disability Services at 388-8885 if you have any questions or concerns about this accommodation or its implementation.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Disability Services Representative

\_\_\_\_\_  
Date

Disability Services will forward a copy of the completed form to you for your records