



Academic Accommodation Agreement

About this form

1. This form is for instructors.
2. A copy goes to the student, their Student Services Advisor, the Learning Commons Assistant (when test accommodations are listed) and the appropriate Academic Chair.
3. This form lists the approved academic accommodations for a student with a verified disability in your class.
4. The Learning Strategist is responsible for the delivery of this completed form.

Student Information

Student Name

Student ID Number

Program

Instructor Information

Instructor Name

Course Name



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Learning Strategist Information

Learning Strategist Name

Email

Phone

Accommodation planning is a collaborative process. If you feel any of these accommodations are already being universally provided in the classroom, have another suggestion of how barriers could be removed in your course, or have questions about the accommodations below, please contact the Learning Strategist.

Accommodation(s)	Common details	Unique Details

Learning Strategist signature: _____

Date: _____