

Accommodations Agreement

CONFIDENTIAL

Student _____ E# _____ Fall _____ | Spring _____ | Summer _____
Year Year Year

Instructor (Instr)	1.	2.	3.	4.	5.	6.
Course No. (Ex: INT 099)						

This confidential agreement indicates that the above named student has completed procedures outlined in the Concordia University Irvine Disability Handbook and is legally entitled to reasonable accommodations. All reasonable accommodations needed are in compliance with the ADA and Section 504. The following reasonable accommodations are authorized and initiated by the DLRC Staff as indicated below:

Instructor Related Accommodations	DLRC	Instr 1	Instr 2	Instr 3	Instr 4	Instr 5	Instr 6
Note Taking Assistance (<i>Note Taker Announcement Letter</i> will be provided)							
Extended time on quizzes and exams (Student will provide you with <i>Exam Accommodations Checklist</i>)							
1 ½ x _____ 2x _____ Distraction-reduced Room _____ Reader _____ Word Processor (essays) _____							
Recorder for class lecture (Student will provide you with <i>Recording Lecture Agreement</i>)							
Assistive Learning Device (ALD); Describe:							
Medical Absences:							
Other:							
Other:							
Other:							

Staff Related Accommodations	DLRC	Staff
Advanced Pre-Registration [Academic/Staff Advisor initial] (All "holds" must be cleared by the student in order to receive priority registration)		
Housing Accommodations:		
Parking:		
Meal Plan:		
Other:		

STUDENT: By signing below, I acknowledge that the reasonable accommodation(s) as initialed above are not ensured by the DLRC until this agreement is signed by all parties involved and is on file in the DLRC.

Student's Signature _____ Date _____

DOCUMENTATION OF STUDENT'S DISABILITY IS ON FILE AT THE DLRC.

If you have questions or concerns regarding this *Accommodations Agreement* or you would like to request a copy of this signed form, please call the Director of Disability & Learning Services at (949) 214-3039.

DLRC Staff _____ Date _____