



## SYLLABUS ADDENDUM

This form is to be used to document the academic accommodation required by law, requested by the student, approved by the Richmont Graduation University, and implemented by the faculty member.

This form represents an amendment to the faculty member's standard syllabus for a specific course and term and does not constitute an ongoing contract or agreement for future courses among the various parties. All sections of this form must be filled out properly with the appropriate signatures affixed to be valid. This form is due to the Office of Student Affairs.

### Office of Student Affairs Responsibilities:

- Accept applications & approve students for accommodations
- Notify faculty of student accommodations needs in their course
- Provide services and accommodations in a timely manner
- Consult with students and instructors on how to implement accommodations
- Maintain student confidentiality

### Faculty Responsibilities:

- Initiate contact with student in their course, after being notified by Office of Student Affairs that a student in their course is approved for accommodations
- Respond to student concerns & questions throughout the semester
- Alert the Office of Student Affairs regarding any concerns or questions
- Implement accommodations in a timely manner
- Maintain student confidentiality

### Student Responsibilities:

- Apply for accommodations and request specific recommendations (one time, at application)
- Complete & Submit a **Syllabus Addendum** form to Office of Student Affairs (for each class)
- Communicate proactively with their instructors throughout the semester
- Alert the Office of Student Affairs regarding any concerns or questions
- Request accommodations in a timely manner
- Follow accommodation procedures and expectations

Questions? Contact [accommodations@richmont.edu](mailto:accommodations@richmont.edu).



**Syllabus Addendum**

**Student Name (First, Last):** \_\_\_\_\_

**Student's Richmont Email Address:** \_\_\_\_\_

**Course Number/Name:** \_\_\_\_\_ **Course Section:** \_\_\_\_\_

**Faculty Name (First, Last):** \_\_\_\_\_

**APPROVED STUDENT ACCOMMODATIONS**

The student named above is approved by the Office of Student Affairs for the following accommodation(s) in accordance with state and federal laws and Richmont Graduate University policy:

Additional Time for Examinations & Quizzes      Percentage of Additional Time: \_\_\_\_\_

Alternative Space/Time of Day Accommodations for Test Taking  
Specifics Required: \_\_\_\_\_

Recording of lectures (STUDENT Completes Appendix B - **ADA Recorded Materials Use**)

Special Texts for Visually Impaired      Size of Fonts: \_\_\_\_\_

Attendance and/or Deadline Modifications (FACULTY Completes Appendix A - **ADM Modification**)

Other: \_\_\_\_\_

**Signatures:**

I have determined the accommodations noted above to be reasonable based upon approved documentation identifying the student's disability.

**Office of Student Affairs Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that I am only entitled to the accommodations approved by the university, noted in this Addendum. Further, I understand that, in order to receive the accommodations I am entitled to, I have to take examinations and quizzes or other assessments/course requirements in the location or locations specified above or within the syllabus, and that it is my responsibility to know where and when the various activities take place. I also understand that, in order to receive alternate conditions and accommodations, it is my responsibility to meet all the deadlines as explained in the Syllabus or the Syllabus Addendum for this course.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand the above accommodations have been determined based on documentation meeting the standards of Richmont Graduate University and are required by federal law to be implemented as stated above for this individual in my course and syllabus.

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Appendix A: Attendance & Deadline Modifications

**Student Name:** \_\_\_\_\_ **Instructor Name:** \_\_\_\_\_

**Course Number/Name:** \_\_\_\_\_ **Course Section:** \_\_\_\_\_

#### Attendance:

Is Attendance & Participation Graded in this Course?  Yes (Complete This Section)  No (Skip Section)

Number of Excused Absences (Per Syllabus): \_\_\_\_\_ Additional Absences Permitted with ADM \_\_\_\_\_

Plan for Making Up Participation/Attendance Points (if applicable): \_\_\_\_\_

#### Assignment Deadlines:

Note: Students are granted extensions to deadlines for ALL faculty-approved assignments and it should be assumed that students will utilize their deadline extension in all cases (not as-needed, unless their Syllabus Addendum notes "as needed").

This section does not apply to smaller, weekly-participation assignments (including discussion board posts), group assignments, or lab assignments, or other assignments where extending the due date would significantly alter the assignment or impact other students. Students who experience a "flare up" of medical diagnosis and miss a weekly assignment should work with their professor to substitute a reasonable assignment.

Assignment Type	New Due Date with Deadline Extension

#### Course Components:

Select the appropriate components for your course and answer the questions.

- In-Class Clinical Role-Plays/Group Experiences**
- Are make-up role play experiences permitted? If so, how will the make-up experiences be coordinated and graded?
- \_\_\_\_\_

- Group Projects/Presentations**
- Are alternative assignments or independent participation projects an option? If so, how will the make-up experiences be coordinated and graded?
- \_\_\_\_\_

#### Communication Expectations:

How should the student notify you (the faculty) in the event of a "flare-up"? Are there other expectations you have regarding their communication with you?

\_\_\_\_\_

By signing this Attendance & Deadline Modification Form you (the faculty) understand this is subject to approval by Office of Student Affairs. The Office of Student Affairs may submit revisions to you if your suggestions do not meet reasonable flexibility.

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Appendix B:  
ADA Recorded Materials Use**

**Recorded Materials Use Agreement between \_\_\_\_\_ (student)  
and Richmont Graduate University.**

**Semester/Year:** \_\_\_\_\_

Course(s) Number/Name to be Recorded	Faculty Name

As a part of my Student Accommodations, I may be allowed to record all/portions of classes I attend at Richmont Graduate University, or otherwise have access to recorded materials supplied by the school and/or by faculty.

As a stipulation of this accommodation, I agree to the following:

1. I will not allow any other person access to the recorded material by any means.
2. I will not upload the material to any site on the internet.
3. I will not duplicate the recorded material.
4. Upon completion of the course, I will permanently delete all recordings from any devices upon which they have been stored. This will occur within 48 hours after completion of the final exam.
5. I will not use the recordings during any examination or in any context in which classroom notes may not be used.

As with all parts of my ADA Student Accommodation plan, if at any time this part of the plan is not proving effective in accommodating my condition, I agree to notify the Office of Student Affairs (accommodations@richmont.edu) of this so that additional accommodations may be discussed.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_