



Flexible Attendance Agreement Form

Office of Accessibility Services
524 West 59th Street
New York City, NY 10019
T. 212.237.8031
F. 212.237.8144

Semester: Fall Winter Spring Summer Academic Year: _____

Student Information

Full Name: _____
Last First EMPLID

Phone: () _____ John Jay Email: _____

Faculty Information

Full Name: _____
Last First

Course Information: _____
Phone: () _____ John Jay Email: _____

Class

In addition to already permitted absences outlined in syllabus, student is permitted to be absent for an additional:

- 1 Class Session Other: _____
- 3 Class Sessions
- 5 Class Sessions

Flexible Attendance Policy and Procedure

As of _____, I agree to follow the terms outlined in the Flexible Attendance Agreement Form. I confirm that I have read and fully understand the conditions and procedures within the agreement.

| | |
|-------------------------------|---------------|
| _____ Student Signature | _____ Date |
| _____ Professor Signature | _____ Date |
| _____ Specialist Signature | _____ Date |