

## AES STUDENT RESPONSIBILITY ACKNOWLEDGEMENT FORM

I, the undersigned student, understand that a part of the mission of the Office of Adaptive Educational Services (AES) is to assist students with disabilities striving for academic excellence. I acknowledge that I have received and understand the following student responsibilities:

1. If I am to receive testing accommodations arranged through AES, I will obtain the approved accommodations and test accommodations forms from the AES office and have them completed and signed by my instructors and returned to AES before testing begins.
2. If I am to receive testing accommodations arranged through AES, I will schedule exams with AES at least 2 business days before the exam date. If, for any reason, I cannot take the exam at the scheduled time, I will notify AES as soon as possible.
3. If I am to receive testing accommodations arranged through AES and have scheduled an exam but missed the exam, I will contact my instructor and obtain his or her permission to reschedule the exam; this authorization to reschedule must be either in an e-mail from the instructor or in person.
4. If I receive other services arranged through AES (i.e., interpreting, readers, note takers, etc.) and I am unable to attend class or a scheduled meeting, I will notify AES before the event. If I am unable to attend because of an emergency, I will notify AES as soon as possible.

I understand that if I fail to comply with the above responsibilities, services I am to receive may not be immediately available.

\_\_\_\_\_  
(Student's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(AES Staff Member signature)

\_\_\_\_\_  
(Date)