

Student Name: _____ Date Memo provided: _____

Butler County Community College

Disabled Student Services (DSS) Student Acknowledgment of Responsibilities

As a student who has provided appropriate documentation to the DSS office to obtain accommodations, I understand that these accommodations are offered to provide me with the opportunity for academic success in the courses required in my program(s) of study. I acknowledge that I have received my memo of accommodations, and I accept the following as my responsibilities as a student:

1. If I believe I should be provided with additional accommodations, I understand that I must discuss these additional accommodations with the DSS staff, and that I may need to provide additional third-party documentation to support my request for additional accommodations.
2. I understand that I myself must discuss with my instructor(s) the accommodations for which I am eligible, either in person, in writing (for example, via email), or by phone.
3. I understand that I am required to meet the academic standards of the courses and program(s) in which I am enrolled—with or without accommodations— and to adhere to the College's Rights and Responsibilities for Members of the College Community and The Student Code of Conduct as listed in the BC3 Student Handbook.
4. I understand that I am responsible for coordinating all test-taking arrangements—proctored extend- time testing, testing-taking at a different time than the rest of the class, reader for exams, etc.— with my instructors and with the DSS staff in a timely manner as explained in the Procedures for Proctoring of Extended-Time Testing for Students with Disabilities.
5. I agree to arrive on time for classes, for all pre-arranged testing, for meetings with DSS staff and/or my instructor(s), etc.—and to provide advance notice if I will be late or absent for such scheduled events.
6. I understand that, in order to maximize my success, I should utilize all of the other College resources and supports available to me, including but not limited to: tutoring, my instructors' office hours, my academic advisor's suggestions, the DSS staff's expertise, etc.

Signature: _____ Printed Name: _____

Date: _____

April 2016