

Student Name: \_\_\_\_\_ Semester: \_\_\_\_\_

## **Adaptive Educational Services**

### **Student Responsibility Acknowledgement**

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 strive for academic excellence. I acknowledge that I have received and understand the following list of student responsibilities:

1. Even though a student with a disability may be registered with AES, the academic area of discipline chosen by the student may have technical standards which IUPUI may not be able to accommodate.
2. If I receive testing accommodations arranged through AES, I will obtain the testing accommodation forms from the AES office and get them completed and signed by my professors and returned to the AES office before testing begins.
3. If I receive testing accommodations arranged through AES, I will schedule examinations with this office not later than two business days (**48 business hours**) before the examination date. If I have extenuating circumstances, I will notify AES as soon as possible.
4. If I receive testing accommodations arranged through AES and I have scheduled an examination with the office, I will contact my professor and obtain his or her permission before I reschedule the examination. I will obtain written permission on Department letterhead from my professor or ask my professor to notify AES that I have permission to reschedule the exam.
5. If I receive other services arranged through AES (i.e., notetaking, interpreting, etc.) and I will be unable to attend class or a scheduled meeting, I will notify AES the day before I will be unable to attend class or a meeting. If I am unable to attend because of an emergency, I will notify AES office as soon as possible.

I understand that if I fail to comply with the above responsibilities, services I am receiving in conjunction with the above responsibilities may be delayed.

\_\_\_\_\_  
(Student Signature)

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

\_\_\_\_\_  
(Witness Signature)

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