Office for Disability Accommodations (ODA)
Student Procedural Agreement

As a student registered with Southern Miss’s Office for Disability Accommodations, I understand that it is my responsibility to:

- Seek advisement with my academic advisor every semester then register for the courses that I choose to take.

- Contact ODA Staff every semester to request accommodations ahead of time as I understand that accommodations are not retroactive.

- Pick up accommodation letters at ODA and deliver them to my instructors every semester. I will meet privately with each instructor to discuss contents of my accommodation letters.

- Inform ODA Staff as soon as possible if approved accommodations are not implemented in a satisfactory manner or if other problems arise.

- For online classes: (1) communicate with instructor or academic department to determine best way to deliver accommodation letters; (2) confirm instructor’s receipt of accommodation letters; (3) consult with instructor about how accommodations will be implemented; (4) if student has difficulty delivering letters to instructors, request assistance from ODA; (5) for each quiz and exam, remind instructors about plans for implementing accommodations; (6) inform ODA if any problems arise.

- Make advance requests for specific accommodations requiring extended preparation time (i.e., document conversion of reading materials, sign language interpreters; finding readers).

- Contact ODA Staff to request new accommodations, if needed.

- Contact ODA Staff to request “work” accommodations on Southern Miss’s campus, if needed.

- Provide current documentation to support new accommodation requests or work accommodations for student employment on Southern Miss’s campus.

- I was informed about the online ODA Manual, the option of obtaining a paper copy of this manual and that the manual is also available in an alternate format. The online manual can be found on ODA’s Web site at www.usm.edu/oda.

Student Name:_____________________________________
USM ID #: __________________________

Student Signature:______________________________
Date: __________________________

ODA Staff or Witness Signature______________________________
Date: __________________________

If you received this form via the mail, sign and have it witnessed. Please make a copy for yourself and return the original to ODA in the attached self-addressed, postage paid envelope.