**Student name:** **ID number:       Date:**

**Course number:       Section number:       Course name:       Instructor name:**

*I, the undersigned, hereby express my desire to complete all course requirements in this on-campus course from a remote location and in a virtual learning environment. I understand that if this request is granted, I am responsible for regularly accessing all on-line materials and completing all on-line assignments in a timely manner. I further understand that an on-line attendance policy applies that failure to participate in the class as specified will result in a “Failure due to Absences.”*

*I request permission for a remote learning accommodation due to*: (check as many as apply)

[ ]  COVID-19 related health concerns.

[ ]  family circumstances.

[ ]  other reasons.

Give a brief explanation for your response above (specific details of medical conditions are NOT required; e.g. “I have medical condition(s) that make me more susceptible to COVID-19 infection” or “I live with individuals who are at high risk for COVID-19 infection”):

Please note that it is completely within the purview of the instructor to determine how the content and assessments will be delivered to the student. In addition:

* Students living in campus housing should attend classes in person. Very limited exceptions to this recommendation will be made for students living on campus, and these requests must be approved through the Student Success Center.
* Students enrolled in nursing, lab science, clinical courses, or education practicum courses, which have challenges operating in a virtual environment must seek a formal accommodation plan with the Student Success Center.

*Please contact your instructor to determine if this requirement applies. More information about this process is available on the* [*CSU website*](https://www.charlestonsouthern.edu/academics/student-success-center/disability-services/)*.*

Unless otherwise specified by the instructor, once this accommodation is granted, the student is obligated to pursue his/her studies remotely for the remainder of the semester without regard to any change in personal, campus community, or other circumstances. Applications must be made by the end of the Drop/Add period at the beginning of the semester.

*If your circumstances change during the semester at any point after the end of Drop/Add, then you can apply for the virtual learning accommodation BUT the professor will not make the decision to grant it or to deny it.  Instead the instructor will send the form to the University Pandemic Task Force to consider. The task force will make a recommendation to the instructor, and the instructor will adjust your status accordingly.*

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Signature of Student Date

**Resolution**

Request is: [ ]  Approved [ ]  Denied for the following reasons:

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Instructor or Department Chair Date

*The instructor will retain a copy of each completed form for the duration of the semester.*