

REQUEST TO TEMPORARILY LEARN REMOTE BECAUSE OF COVID-19 OR FLU-LIKE SYMPTONS FORM

Please note: Per Section 5.1 of the revised [Student Handbook Vol. 1: Academic Rules \(2021-22\)](#), UDC Law cannot approve remote learning for convenience. However, a student experiencing COVID-19 or flu-like symptoms may warrant approving a request for a student to learn remotely for a short period of time. In order to initiate such a request, students must submit this form to the Dean of Students. It is the responsibility of the student to ensure that they provide appropriate documentation to support their request and quickly reply to any further inquiry. In addition, students must provide as much notice as possible. Please note that there is no right to an alternative mode of attendance. The request may be denied if not documented or credible. In addition, the request may be limited to a certain time period and/or other conditions.

Please select all that apply. Please note that your request may be denied if you cannot attest to all of the following:

- I attest that I started experiencing [COVID-19 or flu-like symptoms](#) on _____.
- I attest that since I started to experience COVID-19 or flu-like symptoms, I have remained off campus.
- I attest that I will not return to campus until I am symptom free **and** I test negative for COVID-19.
- If I test positive for COVID-19, I attest that I will report my positive test results to the University via email at COVIDCONFIDENTIAL@udc.edu. I will include my full name, personal telephone number, and attach my test results within the email. If I do not have my test result but have been notified of my positive COVID-19 status, I will report that status to the University. Thereafter, I will submit the [Request to Temporarily Learn Remote Because of Positive COVID-19 Status Form](#) to the Dean of Students.
- If I test negative for COVID-19 **and** I am symptom free, I will seek clearance to return to campus from the Dean of Students by submitting the [Non-Compliance Request to Return to Campus Form](#).

Student's Name: _____ UDC Email Address: _____

Student's Signature: _____ Date: _____

Please list all courses for Summer 2022.

Course Title	Professor	Date & Time of Class

Submit this form: with the words "Request to Temporarily Learn Remote Because of COVID-19 or Flu-Like Symptoms" in the subject line to the Office of the Dean of Students to the email address listed at the top of this form. You will be notified by the Dean of Students if your request is granted.

FOR OFFICE USE ONLY

Authorized: _____

Dean of Students Signature: _____ Date: _____