

REQUEST TO TEMPORARILY LEARN REMOTE BECAUSE OF CLOSE CONTACT WITH SOMEONE WHO TESTED POSITIVE FOR COVID-19 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 who has been notified that they have been in close contact with someone who tested positive for COVID-19 **and** that student received a medical or religious exemption from the University's mandatory COVID-19 vaccination policy by University Health Services 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 have received a medical or religious exemption from the University's mandatory COVID-19 vaccination policy. I have included notification of my exemption by University Health Services with this Request Form.
- I attest that I was notified on _____ that I was in close contact with someone who tested positive for COVID-19. I have included the notification I received with this Request Form.
- I attest that since learning that I have been in close contact with someone who tested positive for COVID-19, I have remained off campus and have quarantined for 5 days.
- I attest that I have or will test for COVID-19 between 3 and 5 days after my exposure.
- 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](#).

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.

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: _____