

**REQUEST TO TEMPORARILY LEARN REMOTE  
BECAUSE OF POSITIVE COVID-19 STATUS FORM**

**Please note:** Per Section 5.1 of the [Student Handbook Vol. 1: Academic Rules](#), “attendance” means attending classes in person. UDC Law cannot approve remote learning for convenience. However, a student testing positive for COVID-19 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 provide the following information:**

I \_\_\_\_\_, tested positive for COVID-19 on \_\_\_\_\_.

My UDC email address is \_\_\_\_\_. My course information is as follows:

Course Title	Professor	Date & Time of Class

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

- I have reported my positive test results to the University via email at [COVIDCONFIDENTIAL@udc.edu](mailto:COVIDCONFIDENTIAL@udc.edu).
- I have completed the survey link provided by [COVIDCONFIDENTIAL@udc.edu](mailto:COVIDCONFIDENTIAL@udc.edu).
- I have uploaded my positive test results to the [UDC Law Positive COVID-19 Form](#).
- I understand that the University no longer requires a negative test result to return to UDC campuses, provided that an individual is asymptomatic and has been isolated for at least five days following the onset of symptoms.

- I attest that I will **not** return to campus until I have been isolated for at least five days following the onset of symptoms **and** I am asymptomatic.
- I understand that should my symptoms persist longer than 10 days, I will need to submit documentation to the Dean of Students from my physician as to why I cannot return to campus.
- I attest that I will notify the Dean of Students when I have returned to campus by filling out the [Return to Campus Following Positive COVID-19 Status Form](#).

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_.

**Submit this form:** with the words "Request to Temporarily Learn Remote Because of Positive COVID-19 Status" 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.

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**FOR OFFICE USE ONLY**

Authorized: \_\_\_\_\_

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Dean of Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_