

Office of Student Affairs | 4340 Connecticut Ave. NW, Room 448 | Washington, DC 20008 Email: lawstudentaffairs@udc.edu

REQUEST FOR PERMISSION TO TEMPORARILY LEARN REMOTELY

If you test positive for COVID-19, please do not attend class in person. Please complete this form requesting permission for remote learning. You will be permitted, without adverse effect on your attendance record, to learn remotely for five days following your positive test result and for any further period in which you test positive or are deemed to be contagious.

Please provide the following information:			
I	, tested positive for CC	OVID-19 on	
My UDC email address is		My course information is as follows:	
Course Title	Professor	Date & Time of Class	
Please affirm the following:			
☐ I have reported my positive COVIDCONFIDENTIAL@		ersity via email at	
	individual is asymptomatic	gative test result to return to UDC and has been isolated for at least five	
☐ I attest that I will <u>not</u> return onset of symptoms <u>and</u> I ar	•	isolated for at least five days following the	

☐ I understand that should my symptoms persist longer than 10 days, I will need to submit documentation to the Office of Student Affairs from my physician as to why I cannot return to campus.			
☐ I attest that I will notify the Office of Student Affairs at laws when I have returned to campus.	studentaffairs@udc.edu		
Student's Signature:	_ Date:		
Submit this form : with the words "Request for Permission to Temporarily to the Office of the Student Affairs at lawstudentaffairs@udc.edu. You will			
The Office of Student Affairs will notify your professors that you will be absent for class and have been authorized to participate in remote learning.			
Submit proof of positive test: attached to email described above.			
NOTE RE ASSESSMENTS DURING PERIOD OF REMOTE LEARNING : Please notify the Office of Student Affairs if you have a graded assessment in any of your classes during the period in which you are approved for remote learning. The Office of Student Affairs will assist you in making alternate arrangements to take the assessment.			
FOR OFFICE USE ONLY			
Authorized:			
Office of Student Affairs Signature:	Date:		