

REMOTE LEARNING REQUEST FORM

Directions: Please use this form for remote learning requests that are non-medical or disability related. For medical and disability-related requests, please contact Morgan Weber Holeski, Disability Specialist, morgan.weber@ursuline.edu, 440.449.2046. Medical requests are those related to the health of the individual student. Requests due to a family member medical concerns should use this form.

Student Name:

ID #:

Email:

Phone Number:

Major:

I am: (choose all that apply) International Student Student Athlete UCAP Student Student Veteran
Freshman Sophomore Junior Senior 2nd Degree Grad Student

Courses you are requesting for Remote learning:

(Include Course Number, Title, and Instructor Name)

Reason for Remote Learning Request:

***Note:** Students will not be eligible for a discounted tuition price as a result of choosing to take face-to-face classes remotely. Students must have the appropriate technology (desktop, laptop, or notebook computer with camera and microphone), must join the class via Zoom when it is scheduled to be held, and must have their cameras on at all times and be fully engaged.*

Student Signature:

Date:

Academic Advisor Signature:

Date:

Dean Signature:

Date:

VPAA Signature:

Date:

If request is not approved, reason for denial: