



## Student Request for Temporary Alternate Class Arrangements — Spring 2021 Semester

As the University supports students on the path to degree completion, we understand that COVID-19 may impact a student's academic needs due to medical or other reasons. Students may use this form to request alternate class arrangements, such as remote learning or other accommodations, for their spring 2021 course schedule. The determination of the specific accommodations to be provided will be based on an evaluation of the individual student's documentation, personal needs, and academic requirements.

Please complete this form and save as a PDF document and email to [returntocampus@rivier.edu](mailto:returntocampus@rivier.edu) by **Tuesday, December 22, 2020.**

You will receive an automated response from [returntocampus@rivier.edu](mailto:returntocampus@rivier.edu) after your submission stating that your request has been received. On Monday, January 11, 2021, you will receive an email stating whether or not your request can be granted. Please note that Rivier University offices will be closed from Wednesday, December 23, 2020 through Sunday, January 3, 2021. Offices will reopen on Monday, January 4, 2021.

*Students with a documented disability with the Office of Disability Services do not need to submit this form unless the student is asking for an additional consideration related to COVID-19.*

Name \_\_\_\_\_

Degree Program/Major \_\_\_\_\_

Select one:      Undergraduate      Professional Studies      Graduate      Doctoral

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

### Reason for your request of a temporary alternate class arrangement for the Spring 2021 semester:

**I have a documented medical condition** (You may be asked to provide documentation from your healthcare provider).

**I have a health concern for myself (but no documented medical condition) or a concern for a member of my household.** Please describe your concern. (50 word max)

**Other reason.** Please describe the reason for your request. (50 word max)

**What specific alternate class arrangement do you request?** (75 word max)

**Are there any accommodations or arrangements that would enable you to participate in face-to-face classes on campus?** (75 word max)

**Please provide any additional information that you feel would be helpful for this request.**  
(75 word max)

I acknowledge that my request for an alternate class schedule may impact my path to degree completion and that it is my responsibility to discuss the impact of this decision with my Academic Advisor.

I acknowledge that if my request results in remote learning for one or more courses, I will not receive a tuition discount for these courses.

*Entering your name below in the signature lines certifies that the information entered on this form is accurate and completed by you.*

**Signature** \_\_\_\_\_  
(Type name here)

**Date** \_\_\_\_\_

**Statement of Confidentiality:** The Americans with Disabilities Act (ADA) does not require the use of this or any other form to make a request for a reasonable accommodation. Information contained and submitted with this form is considered a part of the student's educational record. Such information is protected by the Family Rights and Privacy Act (FERPA). Except for specified school officials and authorized federal officials, no one shall have access to educational records without the written consent of the student concerned. Additional information about FERPA is available at [www.rivier.edu/academics/support-resources/registrar/ferpa/](http://www.rivier.edu/academics/support-resources/registrar/ferpa/)