Nashua Community College

505 Amherst Street Nashua NH 03063

Tel (603) 578-8900 Fax (603) 882-8690

# REMOTE LEARNING REQUEST

*The Remote Learning Request form is for when a* student is prevented from attending a face-to-face on-campus class for an extended, but limited period of time during a semester due to a short-term illness/hospitalization, loss of childcare, lack of transportation or other compelling reasons.

The student must notify professors immediately explaining that the student is working with the Advising Center to complete the Remote Learning Request Process.

The request and supporting documentation (if requested) will be reviewed by Academic Affairs who will determine eligibility. Eligibility: The student must demonstrate compelling reasons why the course could not be taken on campus in a hybrid format. Student may be requested to provide supporting documentation.

Note: If a student has a chronic physical condition that may impact attendance throughout the entire semester, the student should contact the Disability/Accessibility Office to discuss setting up a Reasonable Accommodation Plan.

**Student Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Student ID #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor:\_\_\_\_\_\_\_\_ CRN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor:\_\_\_\_\_\_\_\_ CRN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor:\_\_\_\_\_\_\_\_

CRN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor:\_\_\_\_\_\_\_\_

CRN#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Instructor:\_\_\_\_\_\_\_\_

Student’s Reasons for Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Requested Time Frame: Starting date \_\_\_\_\_\_\_\_\_\_\_\_ and Ending date \_\_\_\_\_\_\_\_\_\_\_\_.

By signing below, I acknowledge that:

The college will be unable to provide remote learning in all courses due to specific curriculum requirements.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

VPAA Determination: \_\_\_ Approved \_\_\_ Disapproved

Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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V.P. Academic Affairs Signature Date