

In response to the COVID-19 public health emergency, Albany State University (ASU) will provide an alternative educational arrangement for students who are or might be at an increased risk from COVID-19 as published by the Centers for Disease Control (CDC).

- **A student must fit into a CDC category indicating they are or might be at a increased risk from COVID-19 to be considered for alternative educational arrangements in response to the COVID-19 public health emergency.**
- ASU may require documentation from your health care provider regarding your qualifying circumstance or health conditions.
- It is the student's responsibility to ensure that your health care provider documentation or other supporting documentation is provided to Accessibility Services.
- Students may be required to engage in an interactive process with Accessibility Services to explore alternative educational arrangement options.
- Students do not need to disclose their health condition to their instructors. Medical records and information should only be submitted to Accessibility Services, where they are maintained in a confidential manner.
- Approved alternate educational arrangements will end no later than upon the conclusion of the public health emergency as determined by CDC.

Students requesting alternative educational arrangements must submit a completed COVID-19 Alternative Educational Arrangement Request Form to the Office of Counseling and Student Accessibility Services.

For assistance with the request process or form, please contact Counseling and Student Accessibility Services.

E-Mail: Keshundra.wright@asurams.edu

Phone: 229-500-3445

COVID-19 Alternative Educational Arrangement Request Form

STUDENT INFORMATION			
Student Name:	<input style="width: 95%;" type="text"/>	RAM ID #	<input style="width: 95%;" type="text"/>
Home Phone #:	<input style="width: 100%;" type="text"/>	Cell Phone #:	<input style="width: 100%;" type="text"/>
		E-mail:	<input style="width: 100%;" type="text"/>
Student Status: Current _____ or Transfer _____ (choose one)			
VOLUNTARY DISCLOSURE OF HEIGHTENED RISK:			
What CDC published circumstance or underlying medical condition do you have indicating you are or might be at an increased risk for severe illness from the public health emergency?			
<input style="width: 100%; height: 20px;" type="text"/>			

REQUESTED ALTERNATIVE EDUCATIONAL ARRANGEMENTS:
What specific alternative educational arrangement are you requesting? Please select from the options below or identify the arrangement requested in the space provided.
<input type="checkbox"/> Modification of in-person component of course (ex. online, lecture capture, synchronous/asynchronous)
<input type="checkbox"/> Modified arrival/departure times for classes
<input type="checkbox"/> Course substitutions (with permission of the appropriate academic department)
<input type="checkbox"/> Preferential seating
<input type="checkbox"/> Other: _____ _____ _____ _____ _____
Approved Alternative Educational Arrangements will end no later than the end of the public health emergency as determined by the CDC.

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SUPPORTING MEDICAL DOCUMENTATION

Supporting medical documentation is required in most cases to be considered for Alternative Education Arrangements. Please describe the supporting medical documentation of CDC recognized circumstance/underlying health condition that is attached.

PHYSICIAN CONTACT INFORMATION: Your physician may receive communication from Counseling and Student Accessibility Services requesting information about your CDC recognized circumstance/underlying health condition and recommendations for alternative educational arrangements.

Physician's Name: <input style="width: 90%;" type="text"/>	Physician's Email Address: <input style="width: 90%;" type="text"/>
Physician's Telephone #: <input style="width: 90%;" type="text"/>	Physician's Address: <input style="width: 90%; height: 40px;" type="text"/>

STUDENT AUTHORIZATION

I authorize a representative of the ASU Counseling and Student Accessibility Services to communicate directly with my health care provider for confirmation of the CDC recognized circumstance or underlying health condition and clarification regarding my need for an alternative educational arrangement.

Student Signature

Date

COVID-19 Alternative Educational Arrangement Request Form

STUDENT CERTIFICATION

I certify that the above information is accurate and complete. I understand that I must contact Accessibility Services regarding any changes or deviations to this request once submitted.

Student Signature

Date

Counseling and Student Accessibility Services USE ONLY

All required documentation received from student: No Yes Received on date: _____

Documentation confirms CDC recognized circumstance/underlying health condition: No Yes

Alternative Educational Arrangement Approved Denied

If approved, describe alternative educational arrangement:

Student Accessibility Coordinator Signature

Date
