

AUGUSTA UNIVERSITY
COVID-19 Alternative Educational Arrangement Request Form

In response to the COVID-19 public health emergency, Augusta University (AU) will provide assistance for students who are or might be at an increased risk from COVID-19 as published by the Centers for Disease Control (CDC) (<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html>).

- **A student must fit into a CDC category indicating they are or might be at an increased risk from COVID-19 to be considered for alternative educational arrangements in response to the COVID-19 public health emergency.**
- AU 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 the Office of Testing and Disability Services.
- Students may be required to engage in an interactive process with Disability 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 Disability 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 (Request Form) to the Disability Office.

For assistance with the request process or form, please contact Disability Services:

E-Mail: tds@augusta.edu

Phone: 706-737-1469

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STUDENT INFORMATION

Student Name:		Jaguar ID #	
Home Phone #:		Cell Phone #:	E-mail:
Student Status: Current _____ or Transfer _____ (choose one)		Date of Birth	

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?

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.

- Modification of in-person component of course (ex. online, lecture capture, synchronous/asynchronous)
- Peer notetaker
- Modified arrival/departure times for classes
- Course substitutions (with permission of the appropriate academic department)
- Preferential seating
- Rental of hearing amplification device
- 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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CLASSES CURRENTLY ENROLLED IN

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

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

STUDENT AUTHORIZATION

I authorize a representative of Augusta University's Disability 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.

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Student Signature	Date

STUDENT CERTIFICATION

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

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Student Signature	Date

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PERSONNEL 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:

Disability Services Representative Signature

Title

Date