

REQUEST FOR ALTERNATIVE ACADEMIC ADJUSTMENTS FALL 2020

All faculty, staff, and students will be required to follow all campus social distancing guidelines, personal cleaning protocols, and always utilize a mask in community spaces. If you feel that despite all preventive measures being implemented, you are unable to attend in-person classes or follow CDC guidelines while attending classes, Chatham University will consider your request for alternative academic adjustments. Students need to keep in mind that the University must consider all factors when contemplating any type of alternative adjustments. Even with adjustments, not every class may be available via distance learning, and substitutions may be necessary. We cannot, at this time, accommodate requests from non-degree seeking (NDS) students. Medical documentation is required (see below).

All requests will be reviewed by a committee coordinated by OAAR, and a decision will be communicated to the student and their academic advisor via email. All decisions are final.

SECTION I: To Be Completed By Student

Student Name: _____ Student ID# _____	
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> First-year <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior
<input type="checkbox"/> Graduate	Major/program: _____
Advisor: _____	Expected date of degree completion: _____
Type of alternative adjustments you are seeking: (ex. all online courses): _____ _____ _____ _____	
Reason for this request: _____ _____ _____ _____	
Is this request medically necessary? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If yes, please have a qualified medical professional fill out the next sections.	
I authorize the release of the information requested on this academic adjustment form to the Office of Academic & Accessibility Resources (OAAR). All medical information will be kept confidential; however, faculty and administrators will need to be informed which students have authorized academic adjustments.	
Student Signature: _____	Date: _____

SECTION II: To Be Completed By A Medical Professional

Name of certifying professional (please print): _____
Title: _____ Certification or License#: _____
Phone Number: _____ Fax: _____
Address: _____
Describe your professional credentials: _____

SECTION III: To Be Completed By A Medical Professional

Provide a diagnosis or diagnoses: _____

Is the above-mentioned student currently under your care for the condition? YES NO

Please describe how the requested academic adjustments are medically necessary for this student to be able to continue their studies at Chatham University:

Is it your medical opinion that if the student were NOT granted their request, they would be risking their health? YES NO

I verify that the above information is complete and accurate to the best of my knowledge.

Signature of physician or qualified professional Date

✧By filling out/signing this document, the student understands that these academic adjustments are effective for the FALL 2020 academic term ONLY. If the pandemic continues and the CDC continues to recommend safety protocols, the student MUST reapply for any academic adjustments for the SPRING 2021 term.

✧It is the student's responsibility to consult with any departments that may be affected by approved academic adjustments (i.e. Financial Aid, Housing, etc.).