



COVID 19 Alternative Course Delivery Request

Students who are requesting an alternative course delivery related to the COVID-19 pandemic must complete and submit this request form along with designated supporting documentation to the ACCESS office.

Student Name: _____

CWID#: _____

Student Phone #: _____

Collin Email: _____ @collin.edu

I. VOLUNTARY DISCLOSURE OF HEIGHTENED RISK OR NEED

I am requesting an alternative course delivery for the following reason(s):

I am at greater risk for severe illness from COVID-19 due to my age. My age: _____

I have an underlying health condition (check applicable boxes in Section II.)

I am caring for or share a household with an individual who, due to age or an underlying health condition is at greater risk of severe illness from COVID-19.

Relationship to individual _____ Age: _____ Condition: (check applicable boxes in Section II)

II. PLEASE CHECK ANY UNDERLYING HEALTH CONDITIONS THAT APPLY TO YOU OR YOUR HOUSEHOLD MEMBER

- Cancer
- Chronic kidney disease
- COPD (chronic obstructive pulmonary disease)
- Immunocompromised state (weakened immune system) from solid organ transplant
- Obesity (body mass index-BMI of 30 or higher)
- Serious heart conditions, such as heart failure, coronary artery disease, or cardiomyopathies
- Sickle cell disease
- Type 2 Diabetes mellitus
- Asthma
- Cerebrovascular disease (affects blood vessels and blood supply to the brain)
- Cystic Fibrosis
- Hypertension or high blood pressure
- Immunocompromised state (weakened immune system) from blood or bone marrow transplant, immune deficiencies, HIV, use of corticosteroids, or use of other immune weakening medicines
- Neurologic conditions, such as dementia
- Liver disease
- Pregnancy
- Pulmonary fibrosis (having damaged or scarred lung tissues)
- Smoking
- Thalassemia (a type of blood disorder)
- Type 1 Diabetes mellitus
- Other _____

REQUESTED ALTERNATIVE COURSE DELIVERY

What specific alternative course delivery arrangement are you requesting?

DURATION REQUESTED: _____

***Please note if approved, the arrangement may only apply to the current semester.**

STUDENT CERTIFICATION

When requesting an alternative course delivery, I am agreeing that to the best of my knowledge, the information I have provided is truthful and accurate. I understand that any willful misrepresentation or falsification may lead to ineligibility for these requests and may be cause for disciplinary action. I agree to provide additional documentation if needed. I understand that each request is considered within the context of submitted documentation, course requirements, and available resources and that I may not be provided the specific alternative course delivery I have requested.

Student Signature: _____ Date: _____

DISABILITY SERVICES USE ONLY

Required medical verification received from the student. Yes / No

Notes:

RECOMMENDED RESOURCES:**Higher Risk Age:**

<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>

Higher Risk Underlying Medical Condition:

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-with-medical-conditions.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fneed-extra-precautions%2Fgroups-at-higher-risk.html