# Draft of SU21/AU21 COVID-Related Accommodation Request Form

1. Student Type: \*
   1. Undergraduate
   2. Graduate/Professional
   3. College Credit Plus
   4. Non-Degree Seeking
   5. Other (Specify Below)
2. Please select your academic college (and specify your primary major/program in the textbox below). If you attend a Regional Campus, please select the first option. \*
   1. N/A- I attend a Regional Campus or Wooster (ATI)
   2. N/A - University Exploration
   3. N/A - Other (e.g. Non-Degree-Seeking) (Specify Below)
   4. Arts and Sciences (Specify Below)
   5. Business (Specify Below)
   6. Dentistry (Specify Below)
   7. Education and Human Ecology (Specify Below)
   8. Engineering (including the School of Architecture) (Specify Below)
   9. Food, Agricultural, and Environmental Sciences) (Specify Below)
   10. Law (Specify Below)
   11. Medicine (including the School of Health and Rehabilitation Sciences) (Specify Below)
   12. Nursing (Specify Below)
   13. Optometry (Specify Below)
   14. Pharmacy (Specify Below)
   15. Public Affairs (Specify Below)
   16. Public Health (Specify Below)
   17. Social Work (Specify Below)
   18. Veterinary Medicine (Specify Below)
3. Reason for Request (select all that apply)
   1. I have tested positive for COVID-19 and am isolating in my residence.
   2. I am in quarantine due to COVID-19 exposure, symptom expression, or out-of-state travel requirements.
   3. I have a medical condition that puts me at a higher risk of serious illness from COVID-19, as defined by the CDC. (Specify Below)
   4. I have another high-risk factor, as defined by the CDC (e.g. age, obesity, pregnancy). (Specify Below)
   5. I live with or care for someone at high-risk due to severe immunocompromised state or medical condition (e.g., solid organ transplant, brittle diabetes, HIV)
   6. I have a medical condition or disability not included in the CDC health factors that I believe is affected by COVID-19. (Specify Below)
   7. Other (Specify Below)
4. Are you currently experiencing significant symptoms of COVID-19 that will prevent you from doing schoolwork? \*
   1. Yes - I am experiencing significant symptoms.
   2. No - I am experiencing no symptoms or very mild symptoms.
5. Will any of your summer or autumn classes have on-campus requirements? \*
   1. No, all of my classes will be offered fully online.
   2. Yes, at least one of my classes is in-person, hybrid, or distance enhanced. (Specify Below)
   3. I’m not sure.
6. Select the option that best describes your anticipated living arrangement. \*
   1. On-campus housing
   2. Off-campus and within walking/driving distance
   3. Living outside of commuting distance (Specify Below)
7. What is your COVID-19 vaccine status? \*[Modify Question]
   1. Fully vaccinated
   2. Partially vaccinated
   3. Not vaccinated due to health condition (Specify Below)
   4. Not vaccinated, other reason (Specify Below)
   5. Prefer not to answer
8. What adjustments are you requesting to perform your academics safely? (Select all that apply)
   1. Short-term academic flexibility during quarantine/isolation
   2. Full semester remote participation for on-campus academic requirements
   3. Additional/enhanced personal protective equipment (PPE) (Specify Below)
   4. On-campus housing accommodations (Specify Below)
   5. Alternative arrangements for face covering requirement
   6. Other (Specify Below)
9. Please provide any comments or other information that may be useful in evaluating your request. \*
10. Acknowledgement \*
    1. I attest that the above statements are true. Falsification of this document, or of supporting documentation is grounds for referral to the Office of Student Conduct.