with Disabilities

RESPECT . ABILITY . ACCESS . DIGNITY

Remote Instruction Request Form

Student Name:		Term:		20
Coyote ID:	CSUSB Email	:	@coy	yote.csusb.edu
Phone:	Check One:	Home	Work	Cell
1. It is MY responsibility to submit the completed request form at least thirty (30) days prior to the start of the term. Exceptions are handled on a case-by-case basis.				
2. It is MY responsibility to ensure thi nent information may impact SSD's				
3. I am aware that eligibility for remote instruction for one class does not guarantee remote instruction for all classes, given that remote instruction could alter fundamental course requirements.				
4. I understand that I will need to me to determine eligibility for this acco	et with my disability mmodation and pro	counselor an vide documer	nd engage in a ntation that su	n interactive process pports my request.
5. I am aware I am authorizing SSD to tion of remote instruction. Persons				
6. It is MY responsibility to log into class via Zoom and if I fail to log in within twenty (20) minutes of class starting, the class aide will log off.				
I have read and agre	ee to the above res	sponsibilities	s and statem	ents.
Student Signature:		Date:		
Course Number & Section:	Course	Registration	No:	
Days/Time:	Location:	Instru	ctor:	
Office Location: D	epartment Location:		Office Hours:	
Instructor Email:	@csusb.edu			
Information for the Instructor:				
 If remote instruction is approved to a present instruction will an approved to a present in log into. In the event the professor will not be used. 	not alter fundament n the class so that a	Zoom room	can be created	for the student to
If remote instruction is not approved, either partially or in total:1. I have discussed and provided rationale to SSD how remote instruction will alter essential course requirements.				
Instructor Signatur	e:		Date:	