

## **Request to Require Face Covering Form**

This form is to request approval for requiring face coverings in instructional spaces based on individual need of instructor or student. This form may only be completed by an instructor.

## **Well-Defined Needs of an Individual**

If an instructor or student has a documented need for face coverings to be required in their class(es) the instructor may request to require face coverings in their classrooms using this form. Such requests should be submitted directly to the college deans C

, ,	es must report approved instances to	the relevant department chair/head/director and	0
Compliance			
Student Code of Conduct requi with an instructor's ability to cor	res students to "refrain from conduct the duct class by failing to follow the instruc	considered a code of conduct violation. For stude at threatens the safety of the community" and "in ctor's rules or instructions." We ask that instructors ny approved request to require face coverings.	nterfering
Instructor Name:			
Course Code:	Section Number(s):	Course Title:	
I am requesting to requ	re face coverings in this course/these	courses because (check all that apply):	
A member of m	y household is unable to receive a vac	cination	
A member of m	y household has a health condition tha	renders the vaccine ineffective	
	course has informed me that a member request from the student)	er of their household is unable to receive a vaccin	nation
A student in my renders the vac	course has informed me that a member cine ineffective (Attach written request	er of their household has a health condition that from the student)	
I understand that if this request is course(s):	approved then the following language	will need to be added to the syllabus for the affec	cted
identifying information, such a do health condition that makes vacci coverings will be required in this	cumented need might be that a membe nes less effective for them. As a result,	ith this requirement, please visit with your adviso	r has a hat face
	structor Signature:	 Date:	
	e Dean Signature:	Date:	
Colleg	a Dean Signature.	Date.	

For Deans Use Only

Date Reported to Relevant DEO:

Date Reported to EVC Office or IANR VC Office: