

## Office of Academic Affairs

College of the Siskiyous, 800 College Ave., Weed, CA 96094

Phone: (530) 938-5201– Email: [instruction@siskiyous.edu](mailto:instruction@siskiyous.edu)

### Instructional Continuity (IC) Form Student Request for Temporary Remote Access

After contacting your instructor, use this form to have your request formally approved. **Instructors are not obligated to approve Student Instructional Continuity requests for their course.**

Instructors can approve temporary remote access to attend class via Canvas or Zoom due to natural disaster (e.g., fire, earthquake, and flood), illness, providing care for ill family members, loss of childcare, and/or transportation and housing issues. Instructors are not obligated to approve Student Instructional Continuity requests for their course. Some courses may not be eligible for temporary remote access.

- Remote access shall be for no more than two (2) weeks. After two (2) weeks of remote instruction, you must return to class, withdraw, or arrange to take an incomplete.
- Contact your instructor to discuss the request. If your instructor approves, use this form to have your request formally approved.

Clear Demographics

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

COS Email Address: \_\_\_\_\_

CRN: \_\_\_\_\_ Course: \_\_\_\_\_ Instructor: \_\_\_\_\_

Clear Options

Semester taken:  Fall  Winter  Spring  Summer Year: 20\_\_\_\_\_

Dates Requested: \_\_\_\_\_

Duration of Request:  1 Week  2 Weeks

#### Reason for Request:

Natural Disaster  Illness  Family/Childcare  Transportation and/or housing issues

I understand that it is my responsibility to request remote access from my instructor and that my request needs to be approved. My instructor will determine whether access is via Canvas or Zoom. I have read the above information and request temporary remote access in the class listed above.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

After you sign and submit this form, copies will be sent to the instructor and Office of Academic Affairs. You will be contacted if necessary by your instructor with access instructions.

Clear Selection

Approve  Disapprove Instructional Modality:  SiskiyousZoom  Canvas

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean Signature: \_\_\_\_\_ Date: \_\_\_\_\_