

Office of Academic Affairs

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

Phone: (530) 938-5201– Email: 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: _____