

# Modality Adjustment Considerations

Instructions: Please fill in the course information and answer the questions. Review with chair or dean (as applicable). Approved form should be forwarded to VPAA's office for documentation purposes.

Instructor name:	
Course number and section:	
Course reference number (CRN):	
Course name:	
Type of course (lab, lecture, etc):	
Current modality:	
Proposed modality:	
Date of request:	

What is the triggering event? (A student with positive test; difficulties enforcing physical distancing or mask wearing; etc.)

What is the problem caused by staying in the current modality? (Exposure for faculty or students; less-than-ideal learning environment; etc.)

What is the time frame for the proposed adjustment? (From MM/DD/YY to MM/DD/YY)

Is there another way to address the problem and stay in the current modality? (Assign certain student(s) to attend remotely; changing modality for shorter period of time; etc.)

What modality do you propose moving to?

Would changing to this modality potentially cause other problems that one should take into account? (Technical issues; problems meeting learning objectives; etc.)

X

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Faculty

X

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Chair (if appropriate)

X

Dean

Please forward to VPAA's office for documentation purposes when approved.