

DISTANCE LEARNING EXCEPTION REQUEST
Distance Learning Coordinator, 5557 Cass Avenue, Suite 232
Phone: 313.577.1363

Name _____ Date _____
PID _____ E-mail _____ Telephone _____
Address _____

The student, should complete the form below, obtain needed signatures, and attach the required documents. (Attach additional pages if necessary.) The form should be submitted to the Distance Learning Coordinator.

CHECKLIST

<input type="checkbox"/>	Request for Off Site Distance Learning Exception	_____ Permanent	_____ Short term (1 sem. or less)	
<input type="checkbox"/>	Proposed Time line for Exception Start Date:		End Date:	
<input type="checkbox"/>	Type of student?	_____ MSN	_____ DNP	_____ PhD

1. Describe the reasons for the Off Site Exception request.

The signatures below indicate the endorsement of the Off Site Exception request.

Student's name and signature Date

Faculty Signature (s), if short term request Date

Associate Dean of Academic and Clinical Affairs Date

Check for those who need a copy of this form:

- Program Director
- Distance Learning Coordinator
- Office of Enrollment Management and Student Services
- Data Officer
- Student