

**DISTANCE LEARNING EXCEPTION REQUEST**

Distance Learning Coordinator, 5557 Cass Avenue, Suite 232  
Submit all Requests to Distance Learning Coordinator: Madison LaHaie  
madison.lahaie@wayne.edu 313.577.0240

Name \_\_\_\_\_ Date \_\_\_\_\_  
Access ID \_\_\_\_\_ E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_  
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 Exception Start Date or semester:	For short term, End Date:			
<input type="checkbox"/>	Type of student?	_____ MSN	_____ DNP	_____ PhD	Specialty:

**Describe the reasons for the Off Site Exception request. If a short term request, include courses to be completed via distance.**

*Distance Learning Request, page 2*

The student signature indicates understanding of the Distance Learning Policies. Faculty and Administrator signatures indicate the endorsement of the Off Site Exception request.

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Student's signature

Date

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Associate Dean of Academic and Clinical Affairs

Date