# **F2F Learning Exemption Request Form Summer 2021**

Please complete each item on this form as completely as possible. Forms should be submitted to Provost’s Associate Karen Rose Cercone at kcercone@iup.edu.

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_

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| 1. Last Name: |
| 2. First Name: |
| 3. Academic Department and Major: |
| 4. Student ID: @ |
| 5. IUP Email Address: |
| 6. Cell Phone Where You Can Be Reached: |
| 7. Name and location of the company, organization, or other setting for this learning experience: |
| 8. County and state where your face-to-face experience will occur: |
| 9. Have you or will you be vaccinated for Covid-19 prior to this summer experience? Vaccination is not required for exemption approval but will be considered as a supporting factor when risk is high. |

In box below, note whether your face-to-face work provides an essential service. Essential services and sectors include but are not limited to food processing, agriculture, industrial manufacturing, feed mills, construction, trash collection, grocery and household goods (including convenience stores), home repair/hardware and auto repair, pharmacy and other medical facilities, biomedical and healthcare, post offices and shipping outlets, insurance, banks, gas stations, laundromats, veterinary clinics and pet stores, warehousing, storage, and distribution, public transportation, and hotel and commercial lodging.

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| 10. Essential Services: Does your learning experience provide an essential service? If so, how? If not, answer ‘NA’. |

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| 11. Educational Value: Explain why face-to-face learning is essential to meeting the objectives or outcomes of your internship, especially as they relate to certification and licensure. |
| 12. Instructional Modality: If the Covid-19 pandemic should grow worse over the summer, can the objectives or outcomes of your learning experience be met through a modality switch to remote work, or can your learning experience only be accomplished through face-to-face contact? |
| 13. Site Acceptance and Safety: Please describe or attach evidence (such as an email from your supervisor) that the site is willing to accept you for face-to-face learning. Include or attach their Covid-19 health and safety policies where applicable (IE, clinical sites and school settings). |
| 14. Timing and Duration: (A) What is the timeframe of this learning experience from projected start to finish?(B) Would changing part or all of your learning experience from face-to-face to remote modality (if needed) require adjustments to the timing or schedule, especially projected completion date?  |
| 15. Risk Management and Liability: Do you agree to assume all risks and waive any responsibility of the university? Type Yes or No below.  |
| 16. Communication: Have you been informed of the right to withdraw from the learning experience and the necessity to inform the supervising faculty within 48 business hours if circumstances make that necessary? Type Yes or No below.  |
| 17. Contingency Planning (Part A): Do you understand that if illness or shelter-in-place concerns arise on the part of the Pennsylvania State Government, University Chancellor, University President, University Provost, College Dean, Department Chair, or Faculty Supervisor that the academic department will provide an alternative assignment(s) to complete the learning experience? Type Yes or No below.  |
| 18. Contingency Planning (Part B): Do you understand that in the event you or a close family member becomes ill during the experience, an Incomplete Grade can be issued and an appropriate assignment developed to replace the missed work? Type Yes or No below |