



**REQUEST TO WAIVE COVID-19 OR OTHER VACCINE REQUIREMENTS  
DUE TO REMOTE STUDY OR RESEARCH  
(QUARTER-BY-QUARTER)**

LAST NAME:	FIRST NAME:	MI:
STUDENT ID (8-DIGITS):	DATE OF BIRTH:	
UCHICAGO E-MAIL:		
SCHOOL/ DIVISION:		
QUARTER STUDYING REMOTELY (LIST ONLY ONE):		

***Note: This form will need to be completed EACH quarter of remote study. Failure to do so will result in restrictions on course registrations and access to campus facilities.***

By signing below and submitting this form, I attest that I will not come to any University campus, grounds or facilities<sup>1</sup>, and that I will not participate in any University-sponsored in-person classes, research or other activities (whether on campus or off campus) for any part of the quarter noted above. This exemption will expire at the conclusion of the quarter selected and I will need to re-attest and re-submit this form if I wish to seek to extend this waiver for another quarter.

**I understand that I should first discuss with my dean of students or academic adviser whether temporary remote study is an option for my academic program. Submission of this form is intended as an attestation that I will not be coming to campus during a particular quarter. Approval of this exemption does not mean that remote coursework is an available option for my program.**

I understand that this information will be shared with the dean of students of my school/division. I also understand that I will need to comply with the [University's requirement](#) to provide proof of COVID-19 vaccination or apply for a medical or religious exemption in order to come to any University campus, grounds or facilities, and/or participate in any in-person University activities. My signature certifies that the above information is true and accurate.

I understand that I will also need to comply with the University's [non-COVID-related immunization requirements](#) upon return to campus, if I have not already done so.

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Printed Name of Student (or guardian)

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Signature of Student (or guardian)

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Date

**\*\*\*Please email this form to [studentwellness-notification@uchicago.edu](mailto:studentwellness-notification@uchicago.edu).\*\*\***

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<sup>1</sup> University facility includes all owned or leased buildings with University offices, laboratories, classrooms, libraries, cafes, residence halls, museums, performance spaces, or other University facility in Hyde Park and greater Chicago, and the Howard T. Ricketts Laboratory in Lemont, Illinois. This does not include the National Laboratories and does not include property leased to third parties by the University's Commercial Real Estate Operations.