



COLORADO
Division of Private
Occupational Schools
Department of Higher Education

Temporary Distance Education Request Waiver

1. School Name: _____

2. Address: _____

3. Phone Number: _____ Email Address _____

4. Start Date: _____ *Anticipated End Date: _____

5. Attach a plan containing the following information:

- Provide a list of programs/courses that will be taught temporarily via online/distance education
- Proposed method of delivery (online system being used such as skype, etc)
- Student’s ability to access this delivery system (eg. 95 of 100 students have home computer or telephone access which will enable continued educational services)
- Proposed class schedule, including days and times
- Identify which portions of classes or programs are offered online
- Identify attendance records and methods for testing or tracking progression
- Provide information detailing how you will deal with lab, or “hands on” portions of the education
- Provide information regarding continuation, or postponement of externships if applicable.

****If an extension is needed, please contact your Program Specialist at least 7 days before your anticipated end date.***

Submitted By:

Printed Name of School Director/Owner

Signature of School Director/Owner

Date

Approved By:

DPOS Program Specialist

Date