

Updated October 22, 2020



ANNE ARUNDEL COMMUNITY COLLEGE

Student Attestation Regarding COVID-19

To protect the safety and public health of the AACC campus and community, Anne Arundel Community College (“AACC” or “College”) requires that all students sign and return this attestation to attend classes, receive student services, or conduct other activities on property owned, leased or operated by the College (“Campus”).

By signing below, I attest to the following:

- I will not come to Campus if I am experiencing or have experienced any of the following symptoms for the ten (10) days prior to coming to Campus: (1) fever or chills; (2) cough; (3) shortness of breath or difficulty breathing; (4) fatigue; (5) muscle or body aches; headache; (6) new loss of taste or smell; (7) sore throat; (8) congestion or runny nose; (9) nausea or vomiting; (10) diarrhea; or (11) any other COVID-19 symptom identified by a federal or Maryland public health agency (“Symptoms”).
- I will not come to Campus if I have had a positive COVID-19 test result on a test that was within the fourteen (14) days prior to coming to Campus. A COVID-19 test means an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA or other test approved by CDC or FDA (“test”).
- I will not come to Campus if I am aware of having been exposed to a person with a suspected or confirmed COVID-19 case. For purposes of attesting to this paragraph, exposure means having an intimate partner, housemate or giving care to a person who has a suspected or confirmed case of COVID-19.
 - Suspected case means experiencing or having experienced symptoms within the last ten (10) days and includes the 48 hours prior to the person experiencing symptoms.
 - Confirmed case means had a positive test result on a COVID test that was conducted within the last fourteen (14) days.
- If I experience symptoms, have a positive test result or have been exposed to a person with a suspected or confirmed case of COVID-19 and will submit a report to COVIDsafety@aacc.edu within twenty-four (24) hours of any of these situations occurring and will notify my instructors. This duty to report includes any exposure to a person with a suspected or confirmed COVID Case, including but not limited to an intimate partner, housemate or caregiver or otherwise coming into contact with someone with a suspected or confirmed COVID case. Please report any exposure unless you were wearing personal protective equipment (“PPE”) when the exposure occurred. PPE means personal protective equipment as defined by the CDC, such as an N95 respirator or medical facemask. PPE does not include cloth face masks or face shields.
- I will immediately leave Campus if I experience any of the symptoms, have a positive test result, or

have been exposed to a person with a suspected or confirmed case of COVID-19 and will submit a report to COVIDsafety@aacc.edu immediately and will notify my instructors.

- Every time I come to Campus, I am attesting that I am not currently experiencing symptoms and have not experienced symptoms in the previous ten (10) days, have not had positive test result from a test taken in the previous fourteen (14) days and have not been exposed to a person with a suspected or confirmed case of COVID-19 within the previous fourteen (14) days.
- I will wear a cloth face mask at all times when on Campus, unless I have received an accommodation through Disability Support Services.
- I will practice social distancing (*i.e.* remain 6 ft apart from others) to the greatest extent possible while on Campus.
- I will comply with all applicable Executive Orders by federal, State and local governments and will stay apprised of other directives, advisories, such as travel advisories, and guidance from federal, State, and local public health agencies and health departments.
- I will comply with all protocols, directives, policies, procedures, guidelines or guidance provided by AACC related to COVID-19, which may be more restrictive the government orders.
- I acknowledge and agree that if I experience symptoms, have a positive test result or have been exposed to a person with a suspected or confirmed case of COVID-19:
 1. I will notify the College immediately by emailing COVIDsafety@aacc.edu.
 2. I will respond to requests for information from the appropriate local health department and AACC regarding my circumstances related to COVID-19.
 3. I will monitor my AACC-issued email account for information regarding my circumstances related to COVID-19 and return to Campus criteria.
 4. I will follow the CDC and appropriate local health department guidance for isolation or quarantine.
 5. If requested by AACC, I will provide AACC with a copy of negative test result, a letter or email from a State or local health department or health care provider that states that I may discontinue isolation or quarantine, a further attestation on a form provided by AACC or any other documentation requested by AACC by submitting such documentation to COVIDsafety@aacc.edu.
 6. I will not return to Campus until the Manager, Health & Wellness Center or designee has approved my documentation and return to Campus in writing (via letter or email).

Signature _____ AACC ID # _____

Name _____ Date _____

CREDIT COURSE REGISTRATION ♦ ADD ♦ DROP ♦ AUDIT ♦ WITHDRAW FORM

Please Print Clearly and Complete all Fields

TERM: FALL (Aug.-Dec.) WINTER (Dec.-Jan.) SPRING (Jan.-May) SUMMER (May-Aug.) YEAR: _____

AACC ID#

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip Code _____ County _____

Major _____ Phone _____ E-mail _____
 Home Business Cell

Action: Register, Drop, *Withdraw, Audit	Depart- ment	Course Number	Section Number	Title	Credit Hours	Start Date	Days of Week	Time	Location (Arnold/MC, AMIL, GBTC, CCPT, etc.)
<i>Register</i>	<i>SAM</i>	<i>111</i>	<i>001</i>	<i>Sample Course</i>	<i>3</i>	<i>8/28</i>	<i>MWF</i>	<i>9-9:50 am</i>	<i>AMIL</i>

***IF WITHDRAWING FROM A CLASS**

- I confirm that I intend to stay enrolled and attend my other classes that have not yet started during this term.
- I am not registered for or plan to drop my other classes that have not yet started during this term.

PAYMENT INFORMATION

Payment is due at time of registration. Payments can be made through MyAACC or at the cashier's office.

Visit www.aacc.edu/tuitionfees/ for information on payment options. Students using Veterans benefits should contact the Financial Aid Office upon registration.

I request the course(s) indicated above. By my signature, I acknowledge:

- ✓ My responsibility for payment of the tuition and fees generated by this registration. I understand that I must pay my bill or make arrangements to pay by the due date and that I am responsible for all charges unless I drop my classes by the last day to drop with a full refund as published in the Schedule of Classes.
- ✓ I understand that auditing or withdrawing may affect my ability to receive financial aid.
- ✓ I understand that I am responsible for the course(s) selected and understand how they apply toward my educational goal.
- ✓ By proceeding with this registration I agree to abide by the Academic Integrity Policy and all other college policies as cited in the College Catalog.
- ✓ I understand that attendance on the first scheduled meeting day of class is important for success.

Student Signature _____ Date _____

Adviser's Signature _____ Date _____