Request for an Extension to Comply with Pace University's COVID-19 Vaccination Requirement

For the Fall 2021 semester, Pace University is requiring all individuals who will be accessing campus to receive a COVID-19 vaccine approved for emergency use by the US Food and Drug Administration (FDA) or the World Health Organization (WHO) and provide proof by August 1, 2021. For more information, visit www.pace.edu/immunization.

An extension, a grace period to comply after the August 1, 2021 deadline, is available under the circumstances described below. The extension period is 45 days from the start of the semester (August 23, 2021), and the deadline for full vaccination for those granted an extension is October 6, 2021.

Please note: **Individuals who do not comply with Pace's COVID-19 vaccination requirement or receive an exemption or extension will not be permitted physical access to campus**. Those granted an extension will be subject to random COVID-19 testing, must wear an approved face covering, and continue to socially distance.

Instructions: Select an option below and upload this form to University Health Care's confidential Patient Portal: www.pace.edu/patientportal. Remember to sign and date the form and attach the required supporting documentation.

☐ **I have received the first shot in a two-dose vaccine series and scheduled an appointment for my second shot.**
Supporting documents: Proof of a scheduled appointment for the second shot, such as an email confirmation from the provider with appointment details or an appointment slip with health care provider and appointment details.

☐ **I received a non-FDA or non-WHO approved COVID-19 vaccine outside of the United States.**
Supporting documents: Proof of a scheduled appointment for immunization in the United States, such as an email confirmation from the provider with appointment details or an appointment slip with health care provider and appointment details.

☐ **I did not have access to a WHO- or FDA-approved vaccine in my home country.**
Supporting documents: Proof of a scheduled appointment for immunization in the United States, such as an email confirmation from the provider with appointment details or an appointment slip with health care provider and appointment details.

Name _____ _____ _____
Last First Middle

U ID# _____

Signature *(parent/guardian signature for students under 18)* _____

Date _____