Request for Virtual Office Hours

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| **PART I** |
| Faculty Member Name: |
| Department: |
| Starting Date: |
| Completion Date: |
| Total Virtual Hours/Week: |
| Justification:  Please attach a copy/copies of the course syllabus/syllabi indicating virtual office hours. |

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| **PART II** |
| Request Denied  Reason: |

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| **PART III** |
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