Nursing Program Class of ‘22
Fall 2021 Updates

 опасность Orientation – The incoming class orientation being given to C23 is open to your class as well.

 o June 17th 8am-12pm Virtual Welcome Orientation.*
   *See Meeting Agenda on following page for further details.

 опасность FIT (N95 Mask) Test must be completed by July 30, 2021.

 o Washington Urgent Care (the site that does the N95 tests) will be closing effective June 30th. If you do not get your fit test before they close, WTMF will be offering N95 Fit testing at their locations as well—location list and request form provided in following pages.

 опасность Equipment/Uniform – Clinical pants color will be changed to black, effective immediately.

 o Uniform and supply kit information will be posted on the Class of 2022 website when details are available from coordinator.

 o White shirts with patches may still be worn for your final year (as the program transitions the colors).

 опасность Immunization Requirements – A reminder regarding Annual Student Immunization Updates requirements has been included in this packet.

 опасность American Heart Association Healthcare Provider Basic Life Support (BLS/CPR) card must be good through end of each semester. If your card expires in (Fall) Sept/Oct/Nov or (Spring) Feb/Mar/April it must be renewed prior to the beginning of the semester.

 o A course that you can sign up for will be available at Chabot on July 14 (9am – 4:30) for $85. Sign up instructions included in following pages.
Chabot Nursing Program
Student Orientation
Introduction to Chabot Services
June 17, 2021; 8 am – 12 pm

Zoom Meeting: “connetelles” or ID# 618 312 9050
https://cccconfer.zoom.us/my/connetelles

Agenda:
8:00 – 8:30: Introduction to Nursing Program – Connie Telles

8:30 – 9:15 Financial Aid – Kathryn Linzmeyer (or staff)

9:15-10:00 TVHC

9:30 – 10:00 Counseling – Case Manager Yetunde

10:00 – 11:00 Library orientation

11:00-12:00 Scholarships - Student Essay
    Medical Forms, Fit Test, Syllabi, Canvas, Organization
    Program Expectations, Health Connect, Coaching, CNA
    CSUEB Roadmap

Dismissed

Orientation 2021—Primarily for the Class of 2023, but open to C22 as well.
COVID-19

Welcome to the Chabot College Nursing Program! This letter outlines some important information regarding how the Nursing Program plans to keep both students and faculty safe during the COVID-19 pandemic. Please read it carefully, as it affects your education process.

**Online Format**
Fall 2021, lecture content and skill presentation may be delivered in an online format whenever possible, or may be “face to face.” Faculty will present “live” lectures via Zoom, as well as post pre-recorded lecture material via Canvas. Skill presentations will be delivered by video or “face to face”. Students may be required to upload documents, videos, and other graded assignments to Canvas. Exams will be given via a computer using electronic proctoring software—either on campus or remotely. Simulated clinical experiences will be offered through virtual case scenarios and in person.

**Technology Requirements**
Due to the possible online format of the courses, each student is required to have a personal laptop, or computer that is equipped with a camera and microphone. In addition, each student must secure a reliable internet connection in order to participate in the online coursework. If you are not financially able to meet these requirements, please speak with our financial aid for additional funding or equipment which may be available to students meeting specific parameters. Please complete your FAFSA application to be eligible for financial aid. [www.fafsa.com](http://www.fafsa.com)

**Completion of Hands-on Skills**
Students will be required to watch videos and practice skills at home using a skills kit purchased at the start of the Program. Students may be brought in to campus in small groups in order to demonstrate skills competency, or students may be asked to upload a video of themselves performing the skill. Should students be brought in to campus for skill competency testing, social distancing and use of paper or cloth face masks will be required. Prior to entering campus, students will need to undergo symptom screening. Students who do not pass, or neglect to take, the screening will be sent home dependent upon Covid Policy Requirements.

**Hospital Partners**
Over concerns of Covid-19 spread, most of our hospital partners throughout the Bay Area still have limited hospital access to nursing students. We are working to locate additional opportunities for direct patient care within the community. We will update you, as soon as we know more.

The Director, Dean, and Faculty at Chabot College are dedicated to providing the highest level of instruction during these changing times. We are confident that the measures that we have put in place will not only, keep you safe, but will provide a well-rounded, in-depth nursing education.

Once again, welcome! We look forward to working with you and embarking on this journey together!
N95 – CCMA Occupational Health

Chabot College Nursing Program
Incoming Class of 2023

Many hospitals are concerned about the spread of H1N1 and other illnesses. To comply with hospital requirements, the Chabot College Nursing Program students will be ‘Fit Tested’ prior to the beginning of their clinical rotations annually.

You can test at either CCMA Occupational Health Clinic (St. Rose Hospital) or Well for Work Occupational Health Clinic (Washington Hospital).

Test: **N95 Mask Fit Test**

Cost: **$35 to be paid by student at time of service.**

They accept only credit card or cash payments.

Location:

**CCCMA Hayward Occupational Health Clinic**
(in front of St. Rose Hospital)
27200 Calaroga Avenue
Hayward, CA 94545-4383
(510) 264-4046
**Appointment required**

Bring this flyer with you to the CCCMA Hayward Occupational Health Clinic for the correct service and cost.
Well For Work
Washington Hospital Healthcare System
Your Partner in Building a Healthy Business

Treatment Authorization

Today’s Date

Date of Birth

Social Security No.

Patient Name

Home Phone No.

Company Name

Chabot College Nursing Program

Company Phone No.

(510) 723-8896

Occupation

Student Nurse

Student to pay at time of service

Work-Related Injury/Illness

Instructions to employer: Complete the below section if you are requesting an employee be treated for a work-related injury or illness.

Date of Injury

Not Applicable

Treat as First Aid

☐ Yes

☒ No

Nature of Injury/Illness

Insurance Carrier

Student to pay at time of service

Phone No.

Address

Policy No.

Effective Date:

Examinations, Screenings and/or Tests

Instructions to employer: Complete this section if you are requesting any of the below services.

REASON FOR TESTING
☐ Pre-Employment
☐ Random
☐ Post-Accident/Injury
☐ Follow-Up
☐ Return to Work
☐ Suspicion/Cause

TYPE OF EXAM
☐ Pre-Employment Physical
☐ Annual Physical
☐ Fitness for Duty/Return to Work
☐ DMV/DOT Physical
☐ New Cert.
☐ Re-Cert.
☒ Respiratory Mask Fit Test N95 3M 1860
☐ Pulmonary function test
☐ Includes OSHA Questionnaire
☐ and Clearance Form
☐ Other

SUBSTANCE ABUSE

Alcohol
☐ Breath Alcohol Test
☐ Saliva Alcohol

Drug Screen
☐ NIDA (DOT)
☐ Non-NIDA (Non-DOT) 5 Panel
☐ Non-NIDA (Non-DOT) 10 Panel
☐ Rapid (Non-DOT) 5 Panel

Authorized By (Printed Name)

Connie Telles, DNP, RNC-OB, CNE, Nursing Program Director

Phone No.

(510) 723-8896 Program Office

Signature

Date

MUST PRESENT PHOTO IDENTIFICATION AT TIME OF APPOINTMENT

For Treatment After Clinic Hours, See Washington Hospital Emergency Room
Many hospitals are concerned about the spread of H1N1 and other illnesses. To comply with hospital requirements, the Chabot College Nursing Program students will be ‘Fit Tested’ prior to the beginning of their clinical rotations annually.

You can test at either CCMA Occupational Health Clinic (St. Rose Hospital) or Well for Work Occupational Health Clinic (Washington Hospital).

Test: N95 Mask Fit Test

Cost: $35 to be paid by student at time of service. They accept only credit card or cash payments.

Location:
CCCMA Hayward Occupational Health Clinic
(in front of St. Rose Hospital)
27200 Calaroga Avenue
Hayward, CA 94545-4383
(510) 264-4046
Appointment required

Bring this flyer with you to the CCCMA Hayward Occupational Health Clinic for the correct service and cost.
Well For Work Locations

WTMF at Warm Springs
46690 Mohave Dr.
Fremont CA 94539
Hours: 8am-6pm M-F
Phone: 510-248-1065
Fax: 510-661-0380

WTMF at Nakamura, Union City
33077 Alvarado-Niles Rd.
Union City CA 94587
Hours: 8am-6pm M-F
Phone: 510-248-1500
Fax: 510-675-0846

WTMF State St. Clinic
39210 State. St., Suite 209
Fremont, CA 94538
Hours: 8am-5pm M-F
Phone: 510-248-1720
Well For Work
Washington Hospital Healthcare System
Your Partner In Building a Healthy Business

Treatment Authorization

<table>
<thead>
<tr>
<th>Today's Date</th>
<th>Date of Birth</th>
<th>Social Security No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Patient Name</th>
<th>Home Phone No.</th>
</tr>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Company Name</th>
<th>Company Phone No.</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Occupation</th>
<th></th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Work-Related Injury/Illness
Instructions to employer: Complete the below section if you are requesting an employee to be treated for a work-related injury or illness.

<table>
<thead>
<tr>
<th>Date of Injury</th>
<th>Treat as First Aid</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Nature of Injury/Illness

<table>
<thead>
<tr>
<th>Insurance Carrier</th>
<th>Phone No.</th>
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</thead>
<tbody>
<tr>
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</table>

Address

<table>
<thead>
<tr>
<th>Policy No.</th>
<th>Effective Date:</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Examinations, Screenings and/or Tests
Instructions to employer: Complete this section if you are requesting any of the below services.

<table>
<thead>
<tr>
<th>REASON FOR TESTING</th>
<th>TYPE OF EXAM</th>
<th>SUBSTANCE ABUSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Pre-Employment</td>
<td>□ Pre-Employment Physical</td>
<td>□ Breath Alcohol Test</td>
</tr>
<tr>
<td>□ Random</td>
<td>□ Annual Physical</td>
<td>□ Saliva Alcohol</td>
</tr>
<tr>
<td>□ Post-Accident/Injury</td>
<td>□ Fitness for Duty/Return to Work</td>
<td>□ NIDA (DOT)</td>
</tr>
<tr>
<td>□ Follow-Up</td>
<td>□ DMV/DOT Physical</td>
<td>□ Non-NIDA (Non-DOT) 5 Panel</td>
</tr>
<tr>
<td>□ Return to Work</td>
<td>□ New Cert.</td>
<td>□ Non-NIDA (Non-DOT) 10 Panel</td>
</tr>
<tr>
<td>□ Suspicion/Cause</td>
<td>□ Re-Cert.</td>
<td>□ Rapid (Non-DOT) 5 Panel</td>
</tr>
<tr>
<td></td>
<td>□ Respiratory Mask Fit Test</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Pulmonary function test</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Includes OSHA Questionnaire</td>
<td></td>
</tr>
<tr>
<td></td>
<td>and Clearance Form</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Other</td>
<td></td>
</tr>
</tbody>
</table>

Authorized By (Printed Name)

Signature

Phone No.

Date

MUST PRESENT PHOTO IDENTIFICATION AT TIME OF APPOINTMENT

Refer to:

- Washington Clinic/Warm Springs
  49690 Mohave Dr, Fremont
  (510) 248-1065 FAX 510-681-0380
  Hours of Operation:
  8 a.m. to 5 p.m. M-F

- Danielson Clinic, Newark
  6236 Thornton Ave, Newark
  (510) 248-1800 FAX 510-787-0236
  Hours of Operation:
  8 a.m. to 6 p.m. M-F

- State Street-Primary Care
  39210 State Street, Suite 208, Fremont
  (510) 248-1720 FAX 510-248-3281
  Hours of Operation:
  8 a.m. to 6 p.m.

- Nakamura Clinic, Union City
  33577 Alvarado-Niles Road, Union City
  (510) 248-1500 FAX 510-675-0846
  Hours of Operation:
  8 a.m. to 5 p.m. M-F

For Treatment After Clinic Hours, See Washington Hospital Emergency Room.
Chabot College Nursing Program

American Heart Association
HealthCare Provider Basic Life Support (BLS-CPR)

One Day Only

DATE: Wednesday, July 14, 2021
WHERE: Chabot College Room 3102 Building 3100
TIME: 9:00 AM – 4:30 PM (Plan to be 15 mins. early for a Covid screening sign-in)
COST: Non-refundable $85 Cashiers Check or Money Order made out to instructor.

Non Refundable Payment due in advance includes card and book Registration and Payment Due: On or before July 12, 2021 Instructor: Paul Tappan

Class minimum will be 20 students. Payment is non-refundable (except if course is canceled by Chabot) This class is offered as a courtesy to the incoming nursing students or alternates; you may take the HealthCare Provider BLS course anywhere as long as the class is AHA Certified. Wear comfortable clothes. Please bring a lunch as the cafeteria will not be open and you will only have ½ hour for lunch.

To register:
1. On or before July 12, 2021, return this form with class payment.
   a. We accept only cashier check or money order payable to Paul Tappan.
   b. Return to Chabot College Nursing Program. Office Rm 2273, Bldg. 2200, 25555 Hesperian Blvd, Hayward, CA 94545. Include your full name, contact phone number and email address.
2. Complete Registration through link: https://www.signupgenius.com/go/10C0C45ABAF23AAAF8C25-ahabls

AHA BLS Class Registration

| Yes I would like to register for this class: | Student is □ Class of 2022 □ Class of 2023 |
| Application Status □ Selected □ Alternate □ Other |
| Student Name: | |
|                        | First Name                     Last Name                          |
| Contact Phone: | |
| Email Address | |
| Payment Enclosed: | □ Cashier Check □ Money Order |
| We accept only cashier check or money order payable to Paul Tappan |
Nursing Program Class of ‘22  
Fall 2021 Updates

❤️ Annual Immunization Updates –

Check your 2020 testing dates on CastleBranch. You must RENEW your annual requirement within two weeks of the previous testing. Annual updates are required by TB, N95, and HealthStream.

- TB (Quantiferon). If you are TB positive, only a symptom review is required, do not update your chest x-ray.
- N95 – Washington Urgent Care will be closing effective June 30th. If you do not get your fit test before they close, WTMF will be offering N95 Fit testing at their locations as well—location list provided in this packet.
- HealthStream – update all modules.
- Covid-19 Vaccine required for all who will be in Pediatrics rotation(s).
CHABOT COLLEGE
Nursing Program

Report of Medical Examination

Name:  
Date Completed:  
Address:  
Sex  
Date of Birth (MMDDYYYY):  
City:  
Zip:  
Cell Phone:  
ZoneMail:  @zonemail.cipccd.edu  
Home Phone:  

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Date of Test</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quantiferon Gold</strong></td>
<td>2021 Results Must be AFTER June 1, 2021</td>
<td>Date of Test</td>
</tr>
<tr>
<td>If the above Quantiferon Gold test is positive you must complete the following:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Chest X-Ray</strong></td>
<td>2021 Chest X-Ray  Must have written verification of positive PPD test</td>
<td>Date of X-Ray</td>
</tr>
<tr>
<td><strong>Symptom Review</strong></td>
<td>Form must be completed and signed by a health care provider and student.</td>
<td>Date Signed</td>
</tr>
</tbody>
</table>

2021 or after Titer Report is required  RESULTS by July 30th.
If Negative, Borderline or Non-Immune Results the Student must get  *two boosters

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Date:</th>
<th>Titer Results:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUMPS</td>
<td></td>
<td>#1</td>
</tr>
<tr>
<td>RUBEOLA (Measles)</td>
<td>Date:</td>
<td>Titer Results:</td>
</tr>
<tr>
<td>RUBELLA (German Measles)</td>
<td>Date:</td>
<td>Titer Results:</td>
</tr>
<tr>
<td>VARICELLA (Chicken Pox)</td>
<td>Date:</td>
<td>Titer Results:</td>
</tr>
<tr>
<td>HEPATITIS B TITER</td>
<td>Date:</td>
<td>Titer Results:</td>
</tr>
</tbody>
</table>

Hep B: If negative or borderline titer, 3 doses are required.  
Only 2 doses will be completed before July 30, 2021

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TdaP - Tetanus, diphtheria, pertussis Required booster within last 10 years</td>
<td>Date:</td>
</tr>
</tbody>
</table>

Covid Vaccine - Completion of either single or multi vaccine dose series.  
Vacc:  
Date:  
Date:  

HealthCare Provider:  
Signature required on both pages  

---

In the document, the HealthCare Provider is required to sign both pages of the report. The document outlines the required documentation for medical examination, including immunization records and symptom review forms. The due date is indicated as July 30, 2021.
Student Name: ____________________________

TO BE COMPLETED BY EXAMINING HEALTHCARE PROVIDED AND SIGNED

VS: BP ______ HR ______ RR ______ Temp ______ Height ______ Weight ______

1. Program Requirements include ability to lift 50 lbs, without assistance. Students will be required to perform bedside nursing care which involves lifting, moving and transferring patients and equipment without restriction.
   □ Yes, student has no limitations    □ No, student is unable to lift without assistance

2. Current complaints or disabilities pertinent to the student’s education and clinical practice in a health-related program:
   __________________________________________
   __________________________________________
   __________________________________________

3. Significant medical history: major illness, accidents, deformities, surgeries, back problems, etc. ________________
   __________________________________________
   __________________________________________
   __________________________________________

4. Routine medications: __________________________________________
   __________________________________________
   __________________________________________

5. Examination comments and findings: __________________________________________
   __________________________________________
   __________________________________________

The above named student has no communicable or disabling disease at this time. He/she is able to perform ALL of the physical activities required for the program in which the individual is enrolling.

Anthony ___________________________________________________________________
Health Care Provider Signature (Front and Back of form)/ Date ____________ Phone Number __________

__________________________________________________________
Health Care Provider Address City ST Zip

Student: I give my permission to release my immunization records to each affiliating clinical facility. I understand that I will not be allowed to go into the clinical areas until all components of this form are fully met and completed. Required documentation for immunization is attached.

Student Signature: ____________________________ Date: ____________________________

August 4th: Please return this form with your immunization packet to:
Chabot College Nursing Program Office Room 2273 or 25555 Hesperian Blvd Rm 2273, Hayward, CA 94545
# Annual Symptom Review

Only complete this form if you are tuberculin **positive**. 2021 Chest Xray results required.

1\textsuperscript{st} year students: Form must be completed and **signed by health care provider**.

2\textsuperscript{nd} year students: Form must be completed and signed only by student.

---

**Your TB Medical Surveillance must be completed UNLESS ADVISED OTHERWISE.**

In order to meet healthcare organization accreditation and regulatory compliance requirements, all Employees, including M.D.’s, Contracted employees, Students and Volunteers must participate in periodic TB medical screening. Your participation is mandatory and a condition of continued service. (California Division HR Policy 5.02)  *This questionnaire is taken from Kaiser Permanente, Greater Southern Alameda Area Clinical Education Requirements.*

---

<table>
<thead>
<tr>
<th>Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Names:</td>
<td></td>
</tr>
<tr>
<td>Student ID</td>
<td>W#</td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>Zip:</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Cell Phone:</td>
</tr>
</tbody>
</table>

**Subject: TUBERCULOSIS MEDICAL SURVEILLANCE**

1. **Have you ever had Tuberculosis**
   - YES
   - NO
   - If yes When
   - If yes were you medicated?

2. **Have you ever been on therapy to prevent TB?**
   - YES
   - NO
   - If yes, for how long?
   - What was the year of therapy?

3. **Have you ever been informed of an abnormal chest x-ray**
   - YES
   - NO

4. **Have you ever received BCG Vaccine? (A vaccine give in foreign counties to prevent TB. It leaves a scar on your arm similar to a smallpox scar.)**
   - YES
   - NO
   - If yes, what year?
   - If so, when were you last skin tested?

5. **Have you ever had a positive TB skin Test or Quantiferon test**
   - YES
   - NO
   - If yes, when?
   - If so, where?

In the past 12 month have you:

1. **Had a chronic (recurrent) cough?**
   - YES
   - NO

2. **Had an unexplained recurrent fevers?**
   - YES
   - NO

3. **Had recurrent night sweats?**
   - YES
   - NO

4. **Coughed up or spit blood?**
   - YES
   - NO

5. **Had any unexplained weight loss?**
   - YES
   - NO

6. **Experienced unexplained chronic fatigue?**
   - YES
   - NO

7. **Been advised you are immunosuppressed for any reason?**
   - YES
   - NO

**Healthcare Provider Signature: | Date:**
# 2021-2022 Academic Calendar

## Fall 2021

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>August 16</td>
<td>Convocation Day</td>
</tr>
<tr>
<td>Tuesday</td>
<td>August 17</td>
<td>College Division Day</td>
</tr>
<tr>
<td>Wednesday</td>
<td>August 18</td>
<td>Classes Start</td>
</tr>
<tr>
<td>Monday</td>
<td>September 6</td>
<td>Labor Day Holiday</td>
</tr>
<tr>
<td>Friday</td>
<td>November 12</td>
<td>Veterans’ Day Holiday (Observed)</td>
</tr>
<tr>
<td>Wednesday – Friday</td>
<td>November 24-26</td>
<td>Thanksgiving Holiday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>December 14</td>
<td>Last Day of Instruction</td>
</tr>
<tr>
<td>Wednesday</td>
<td>December 15</td>
<td>Finals</td>
</tr>
<tr>
<td>Thursday</td>
<td>December 16</td>
<td>Finals</td>
</tr>
<tr>
<td>Friday</td>
<td>December 17</td>
<td>Finals</td>
</tr>
<tr>
<td>Saturday</td>
<td>December 18</td>
<td>Saturday Finals</td>
</tr>
<tr>
<td>Monday</td>
<td>December 20</td>
<td>Finals</td>
</tr>
<tr>
<td>Tuesday</td>
<td>December 21</td>
<td>Finals</td>
</tr>
<tr>
<td>Monday</td>
<td>January 3, 2022 by 11 p.m. via Internet</td>
<td>Grades Due</td>
</tr>
</tbody>
</table>

## Spring 2022

<table>
<thead>
<tr>
<th>Day</th>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>January 17</td>
<td>Martin Luther King Holiday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>January 18</td>
<td>Classes Start</td>
</tr>
<tr>
<td>Friday – Monday</td>
<td>February 18 – 21</td>
<td>Presidents’ Weekend Holiday</td>
</tr>
<tr>
<td>Monday – Saturday</td>
<td>April 4 – April 9</td>
<td>Spring Break</td>
</tr>
<tr>
<td>Friday</td>
<td>May 20</td>
<td>Last Day of Instruction</td>
</tr>
<tr>
<td>Saturday</td>
<td>May 21</td>
<td>Saturday Finals</td>
</tr>
<tr>
<td>Monday</td>
<td>May 23</td>
<td>Finals</td>
</tr>
<tr>
<td>Tuesday</td>
<td>May 24</td>
<td>Finals</td>
</tr>
<tr>
<td>Wednesday</td>
<td>May 25</td>
<td>Finals</td>
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<tr>
<td>Thursday</td>
<td>May 26</td>
<td>Finals</td>
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<tr>
<td>Friday</td>
<td>May 27</td>
<td>Finals</td>
</tr>
<tr>
<td>Friday and Saturday</td>
<td>May 27 and May 28*</td>
<td>Commencement Ceremony</td>
</tr>
<tr>
<td>Monday</td>
<td>May 30</td>
<td>Memorial Day Holiday</td>
</tr>
<tr>
<td>Thursday</td>
<td>June 3, 2022 by 11 p.m. via Internet</td>
<td>Grades Due</td>
</tr>
</tbody>
</table>

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1 No Saturday classes.

*Commencement is scheduled on the same workday at a particular college two Academic Years in a row then switched to the other day for two Academic Years in a row. (Article 8C.3)

1 Variable Flex Day for Faculty for the year

**Summer 2021 Window Period:** Tuesday, May 31 to Thursday, August 5, 2021

**Monday, July 5, 2021 Independence Day Holiday**

**Grades Due:** Monday, August 9, 2021 by 11 p.m. via Internet