

# Student Religious Accommodations Form

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In compliance with state and federal laws, College students are eligible for reasonable accommodations, including a minimum of two excused absences each academic year, for religious practices or beliefs that are required by the student's faith. This form should be submitted to your instructor(s) no later than the census date (10% point) for the class. A student who submits this form after the census date must show good cause for the late submission and the late submission itself may be taken into account in determining whether the student has a religious practice or belief requiring accommodation and whether granting the request would create undue hardship. Excused absences from classes for religious observances do not relieve students from responsibility for any part of the coursework required during the period of absence. **Please submit one form per class.**

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## Student and Class Information

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Instructor Name: \_\_\_\_\_ Course (Prefix, Number, Section): \_\_\_\_\_

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## Request Information

A reasonable accommodation for a religious observance is any change in a course or program of study with respect to the way course/program responsibilities are customarily done that enables a student to observe his/her religious practice or belief without imposing undue hardship on the College. Please provide the following information (if necessary, attach additional sheets for any of the information requested below):

**What specific class accommodation(s) do you request (e.g., approved absence, rescheduling of an exam, or other class requirement)?**

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**Please identify your religious practice or belief and state how the requested accommodation enables you to participate in your religious practice or belief.**

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**Please list the dates of the requested accommodation within the academic semester.**

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## Student Signature/Additional Documentation

In signing below, I verify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I acknowledge that the College may request additional documentation to verify my religious practice or belief and the appropriateness of the requested accommodation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**FOR INSTRUCTOR USE ONLY**

Student Name: \_\_\_\_\_ Date of Student's Request: \_\_\_\_\_

**Select one of the following two options:**

**Option 1: Accommodation Approved**

What specific accommodation will be provided?

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Approved dates or type of accommodation:

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Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Option 2: Accommodation Denied**

Please specify the reason for the denial (e.g., requested accommodation requires significant expense or undue hardship on the College, Department, and/or Instructor, including a significant interference with the essential functions of the course/program of study):

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***Note:** If there is no consensus on a reasonable accommodation, the student may request a meeting with the Instructor and Department Chair. For further appeal rights, consult Procedure 5.2.1.1– Student Religious Accommodations.*

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructors:** Return the completed form to the student within five calendar days of the date the student submitted this form to you. Keep a copy in your or your department's files, as required by your department.