



This form is optional, but may be helpful with your accommodation request.

STUDENT'S NAME

DATE OF REQUEST

STUDENT ID#

STUDENT OCC EMAIL ADDRESS

PHONE NUMBER

1. Please identify the course requirement, policy, or practice that conflicts with your sincerely held religious observance, practice, or belief (hereinafter "religious beliefs).

[Empty text box for question 1]

2. Please describe the nature of your sincerely held religious beliefs or religious practice or observance that conflict with the course requirement, policy, or practice identified above.

[Empty text box for question 2]

3. What is the accommodation or modification that you are requesting?

[Empty text box for question 3]

4. List any alternative accommodations that also would eliminate the conflict between the course requirement, policy, or practice and your sincerely held religious beliefs.

[Empty text box for question 4]

STUDENT'S SIGNATURE

DATE

****After completing this form, please submit to your instructor for the course in question.***

FOR INTERNAL USE ONLY, TO BE COMPLETED BY INSTRUCTOR

RECORD OF RELIGIOUS ACCOMMODATION DECISION

Accommodations: Approved as requested Approved but different from original request Denied

Identify the accommodation provided.

If the approved accommodation is different from the one originally requested, explain the basis for denying the original request.

If an alternative accommodation was offered, indicate whether it was:

Accepted Rejected

If rejected, state the basis for rejection.

If the accommodation is denied and no alternative accommodation was proposed, explain the basis for denying the request without an alternative accommodation.

An individual who disagrees with the resolution of the request may ask the Department Chair or Dean to reconsider the decision. Final appeals will be resolved by the Provost.

****After completing this portion of the form, the faculty member should submit directly to their Department Chair and Dean for record documentation.***