



# Religious or Spiritual Observance Form

This form will be held by the program and is confidential

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Program

\_\_\_\_\_  
Student Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Phone

## Request for Accommodation

\_\_\_\_\_  
Date Submitted

\_\_\_\_\_  
Reason/Name of religious or spiritual holiday

Please list the date(s), class(es)/lab(s) course affected and religious/spiritual observance(s) to be accommodated:

Date(s)	Class(es)/Lab(s) Affected	Religious/Spiritual Observance(s)

Associated Documentation

- Religious or Spiritual Observance Policy

**Faculty:** To reschedule an exam with SSN please complete the [Exam/Test Accommodation Request Form](#)