



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](#)

Revised: June 2018