

RELIGIOUS ACCOMMODATION AND NOTIFICATION FORM
[NOT TO BE USED FOR IMMUNIZATION EXEMPTION REQUESTS]

Name: _____

E_mail address: _____

Department/Program: _____ Telephone: _____

Specify the holiday or practice for which you are seeking religious Accommodation or excused absence: _____

Specify the dates of the holiday or practice for which you need an accommodation or excused absence (do not include travel time): _____

Specify which class(es), exam(s), workshop(s), rotation(s), etc. that you will be missing:

VERIFICATION

I verify that my religious beliefs and practices are sincerely held.

Date: _____

Signature: _____