REQUEST FOR ACCOMMODATION FOR RELIGIOUS OBSERVANCES STUDENT FORM

	Instructions			
	Student	 Fill out form Submit to instructor as early in term as possible, preferably by end of second week of term Submit separate form for each requested observance and for each course 		
	Instructor	 Fill in the bottom section of the form Return original form to student Retain photocopy of completed form Photocopy back-to-back to include all information 		
Departr	nent:			
Subject	and Number:			
Instructor name:			Date submitted:	
Student name:			Phone:	
Student signature:			E-mail:	
I reques	st accommodation for	or the following religious observance:		
Name of religion: Name of Holiday:				
Day(s), date(s), and time(s) of religious holiday: (e.g., "sundown Monday, September 29, through sundown Tuesday, September 30")				

Briefly state the requirements of this religious observance that will prevent you from attending class, taking an examination, or fulfilling other academic requirements.

(e.g., "Because work is prohibited on this holiday, students observing it are not to attend classes, take examinations, or perform other class requirements")

Please note: In general, faculty do not have to consider accommodations for the purpose of allowing students to travel away from Eugene for a religious observance, although that may be necessary in some instances

(Optional) Suggested accommodation/s (e.g., makeup examination):

This request has been accepted by the instructor, and the following accommodations will be allowed:

Instructor Name:

Signature: _____

Date: _____