

Religious or Spiritual Observance Form

THIS FORM IS CONFIDENTIAL AND WILL BE HELD BY THE PROGRAM

PART A (student)

Name & Student Number

Program

Email Address

Phone Number

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

Comments:

Student Signature

Date

PART B (Faculty)

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