

# SEATTLE UNIVERSITY STUDENT ACADEMIC RELIGIOUS ACCOMMODATIONS REQUEST FORM

Student Information	
Student's Name: _____	
E-mail Address: _____	Telephone Number: _____

Class Information	
Student Seeking Accommodation(s): _____ & RXUVH 7LWOH 1XP Student Seeking Accommodation(s)	
Faculty Member's Name: _____ School/College:   •A&S   •Nursing   •Albers   •Science and Engineering   •Education   •STM   •La w   •NCS	

Requested Accommodation(s)	
\$ Identify the examination schedule or other academic activities which you are seeking religious accommodation(s). _____ _____	
% 3OHDVH LGHQWLI\ \RXU UHOLJLRXV SUDFWLFH RU EHOLHI	
C. Identify the accommodation(s) or modification(s) you are requesting. _____ _____	
D. List any other accommodation(s) that would eliminate the conflict. _____ _____	

Verification	
I verify that my religious beliefs are sincerely held and that I am motivated by religious purpose to request this accommodation to observe my religious holidays. I understand that in determining whether to grant this request the University may inquire as to the sincerity of my beliefs as well as the purpose for my request. The University may also be limited in its ability to provide an accommodation that presents an undue hardship to the University or a fundamental alternation of the nature or operation of the academic program or course.	
_____ Date	_____ Signature

SEATTLE UNIVERSITY  
STUDENT ACADEMIC RELIGI