

SEATTLE UNIVERSITY

STUDENT ACADEMIC RELIGIOUS ACCOMMODATIONS REQUEST FORM

Student Information

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

Class Information

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).

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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

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