

**STUDENT REQUEST FOR ACCOMMODATION  
FOR WORK-RESTRICTED  
RELIGIOUS HOLY DAY**

Students must submit this form via email to the professor by the census day of the semester to which the request applies. A separate form must be submitted for each course.

Academic Component: \_\_\_\_\_ Course Number/Section/Name: \_\_\_\_\_  
Instructor Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_  
Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

A reasonable accommodation for a work-restricted religious holy day is any change in an academic course or program of study with respect to the way tasks or responsibilities are customarily done that enables a student to observe his/her religious practice or belief without imposing undue hardship on TWU.

Please identify your religious practice or belief and state how the requested accommodation enables you to participate in your religious practice or belief.

\_\_\_\_\_

What specific class accommodation(s) do you request (e.g., excused absence, rescheduling of an exam or other class requirement)?

\_\_\_\_\_

Please state the specific date[s]/frequency of requested accommodation within the academic semester.

\_\_\_\_\_

**Religious Tenet(s) Documentation:**

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I acknowledge that TWU may request documentation of my religious practice or belief or consult religious scholars or leaders to confirm the appropriateness of the requested accommodation.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR INSTRUCTOR USE ONLY

*Select one of the following two options:*

**OPTION #1: Accommodation Approval**

What specific accommodation(s) will be provided?

\_\_\_\_\_

State date[s] or duration for the accommodation:

\_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTION #2: Accommodation Denial**

Specify the reason for denial (e.g., requested accommodation requires significant expense or difficulty, including a significant interference with the essential functions of the course/program of study).

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Note: If there is no consensus on a reasonable accommodation, either party or both should seek the advice of the academic component leader.

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO THE STUDENT VIA EMAIL WITHIN  
5 BUSINESS DAYS OF SUBMISSION.  
SUBMIT A COPY TO YOUR ACADEMIC COMPONENT OFFICE.  
KEEP A COPY IN YOUR FILES.**