

# REQUEST FOR ACCOMMODATION FOR RELIGIOUS OBSERVANCES

This form must be submitted by the student to the instructor as soon as possible and, except in unavoidable situations, at least one (1) week in advance of a planned absence. Students must submit a separate form to each course instructor the accommodation request will impact. The instructor and student are responsible for signing this form once the religious observance accommodation is determined; it is recommended that both parties retain a signed copy for their records.

**Student ID Number:**

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**Date Submitted:**

<b>MM</b>	<b>DD</b>	<b>YY</b>

<b>Name:</b>	<b>Campus Location:</b>
<b>CCAC Email Address:</b>	

<b>Term of Accommodation Requested:</b>	<b>Circle One:</b> Fall    Spring    Summer	<b>Year:</b>
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<b>Department/Instructor's Name:</b>	<b>Course Number, Name and Section:</b>
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ACCOMMODATION FOR OBSERVANCE DURING THE TERM			
Date of Absence	Observance	Requested Accommodation	Agreed Upon Accommodation

It is understood that this information will be treated in a confidential manner, except to the extent that the information is false, fraudulent, required to be used in any claim of academic misconduct against the student or required to be disclosed to defend CCAC in any claim or potential claim involving the student or the suspicion of fraud.

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_