

**Request for Accommodation for Religious Observances**

This form must be submitted by the student to the professor to make a request for a reasonable accommodation for that observance **no later than 2 weeks prior to the anticipated absence**. A separate form must be submitted for each observance and for each course. Indiana University Columbus’s policy on Accommodations for Religious Observances can be found here: <https://columbus.iu.edu/academics/policies/religious-holidays/index.html>.

**Student Information** (please make sure **all information is accurate** to avoid delay in approval)

Student name:

Student phone:

Student's **IU email**:

Department:

Course number and name:

Instructor name:

Instructor's **IU email**:

**I request accommodation for the following religious observance:**

Name of religious observance:

Name of religion:

Day(s), date(s), and time(s) of religious observance:

Briefly state the requirements of this religious observance that will prevent you from attending class, taking an examination, or fulfilling other academic requirements.

**(Please note: Faculty do not have to consider accommodations for the purpose of allowing students to travel away from Bloomington for a religious observance.)**

(Optional) Student suggested accommodation (e.g., makeup examination):

**Student signature**: **Date of submission**:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\* **To be completed by instructor** \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**Instructor decision (Please check the one that applies.)**

 1. I approve the accommodation suggested by the student in the initial request.

 2. The student did not suggest any accommodation in the initial request **OR** I would like to suggest a different accommodation/modify the request. **I have discussed this with the student,** and we have **agreed on the accommodation details**.

 3. The student did not suggest any accommodation in the initial request **OR** I would like to suggest a different accommodation/modify the request. **I have discussed this with the student,** and wewere **unable to reach an agreement.**

[If decision 1 or 2 is selected:] **The** **following accommodations will be allowed:**

[If decision 3 is selected:] **Please explain briefly why you and the student could not reach an agreement on the accommodation details. Contact the head of your division for assistance.**

Dr. Lori Montalbano
Assistant Vice Chancellor for Academic and Student Affairs, Dean of Students
IU Columbus
Room 255

4601 Central Avenue
Columbus, IN 47203
lmontal@iu.edu<https://columbus.iu.edu/academics/academic-affairs/index.html>