



RELIGIOUS REASONABLE ACCOMMODATION REQUEST

POLICY: A student who needs to miss a class meeting, examination, or other school requirement due to religious observance or practice may request an accommodation by completing the Religious Accommodation Request form. Refer to the Student Handbook for detailed information.

INSTRUCTIONS:

1. Complete the form below, sign it, and give it to your **Department Chair** for approval. Complete one form per course.
2. Submit the signed form to the Student Support Counselor by the **Add/Drop deadline**. This form will not be processed without all required signatures.
EMAIL: studentsupport@thechicagoschool.edu | **PHONE:** 800.595.6938 (Opt. 1) | **FAX:** 312.254.1442

STUDENT NAME: _____ STUDENT ID#: _____

SCHOOL E-MAIL: _____ PHONE#: _____ LOCATION: _____

TERM/SEMESTER & YEAR: _____ DEGREE/PROGRAM: _____

DEPARTMENT: _____ COURSE #/SECTION/TITLE: _____

FACULTY NAME: _____ DATE OF SUBMISSION: _____

A reasonable religious accommodation is any adjustment to academic course work that will allow a student to practice their religion. Please provide the following information:

Please specify the date(s) on which you require an accommodation.

What specific class accommodation(s) are required (e.g. excused absence, rescheduling of an examination)?

If your request cannot be granted as desired, what other accommodation options could work?

If you have requested this accommodation before, please state when it was made and the outcome of the request.

Attach any additional documentation that supports your request.

I verify that the information stated in this request is complete and accurate to the best of my knowledge. I understand that my request for an accommodation may not be granted if it is unreasonable or if it creates an undue hardship with TCSP.

STUDENT SIGNATURE: _____ DATE: _____

FACULTY REVIEW AND APPROVAL

Accommodation Approved: _____

Specify Accommodation Provided: _____

Effective Date of Accommodation: _____ Duration of Accommodation: _____

Accommodation Denied, specify reason: _____

FACULTY SIGNATURE: _____ DATE: _____

DEPARTMENT REVIEW AND APPROVAL

Yes No Comment: _____

DEPARTMENT CHAIR SIGNATURE: _____ DATE: _____

OR OFFICE USE ONLY			
Date Rec'd:	Date Processed:	Staff Initial:	Comments: