CNUCOM will endeavor to provide reasonable accommodations relating to religious beliefs and practices in response to a formal written student request. Such accommodations cannot be guaranteed in circumstances where granting the request would create an undue burden on faculty, negatively affect other students who are participating in the scheduled educational activity, or jeopardize patient care.

Please provide the following to the Assistant Dean of Student Affairs, Admissions and Outreach during the first week of the academic period, or at least two weeks prior to the event, whichever comes earlier, for which you are requesting an excused absence:

Student Name:________________________________________________________

Course/Clerkship Director(s):______________________________________________

Date(s) of Requested Absence:_____________________________________________

**Reason for this request:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Description of the educational activity to be missed:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**Proposal of how you would make up the missed material, work assignments, or other academic or educational activities:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

_________________________________________  ___________________________________________
Student Signature      Date Submitted