



**STUDENT RELIGIOUS OBSERVANCE EXCUSED ABSENCE FORM**

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