Religious Observance Excused Absence Request 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 Associate Dean for Student Affairs, Admissions and Outreach during the first week of the academic period, or at least 30 days 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’s signature      Date submitted