REQUEST FOR ACCOMMODATION FOR RELIGIOUS OBSERVANCES

This form must be submitted by the student to the instructor by the end of the third week of the semester for a full semester course or by the end of the second week for a half semester course. A separate form must be submitted for each day and for each course. Contents of this request will be shared only as necessary to consider the approval and/or implementation of an appropriate accommodation.

Student Information		
Date Submitted:		
Name of Student Requesting Accommodation:		
Student Telephone number: Student e-mail address		
Instructor Name:		
Department: Course number and Name:		
Request for Religious Accommodation		
A reasonable religious accommodation is a change in the academic course or program of study or in the way tasks or responsibilities are customarily done that enables a student to participate in his/her religious practice or belief without undue hardship on the conduct of HCC's business or operation, and that complies with the college's commitment to diversity and inclusiveness. To consider your request for a religious accommodation, please provide the following information:		
What specific religious accommodation do you request?		
Identify your religious practice or belief and state how this accommodation enables you to participate in your religious practice or belief without impacting your ability to meet the essential functions of the course.		
State date[s]/frequency of requested accommodation within academic semester.		
If you have requested this religious accommodation before, please state approximately when the request was made, the name of the individual who responded to the request, and the outcome of the request.		
(IF NECESSARY, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED ABOVE)		

Religion Tenet(s) Documentation If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief? YesNo Please Note: In some cases, HCC will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodation with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.			
		I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.	
		Student Signature:	Date:
FOR INSTRUCTOR USE ONLY			
Date accommodation request received:			
ACCOMMODATION APPROVAL			
What specific accommodation will be provided?			
State date[s] or duration for the accommodation:			
Instructor Signature:	Date:		
ACCOMMODATION DENIAL			
Ultimate outcome and reason for denial, <u>e.g.</u> , requested accommodation required significant expense or difficulty, including a significant interference with the essential functions of the course (specify):			
	Dotos		
Instructor Signature:	Date:		

RETURN A COPY OF THIS COMPLETED AND SIGNED FORM BACK TO THE STUDENT

APPEAL PROCESSES

If after discussion there is no consensus on the accommodation, either party or both should seek the advice of the department dean. In those cases where a request for a religious accommodation is denied by the instructor, the student may pursue a grievance under the academic grievance procedures. Where a timely request is made by the student but denied by the instructor, the grievance process shall be expedited as much as reasonably possible to ensure that a student pursuing a religious accommodation is not unduly disadvantaged by the passage of time.