

**UNC CHARLOTTE**  
**REQUEST FOR ACCOMMODATION FOR RELIGIOUS OBSERVANCE**

This form should be submitted by the student to the instructor no later than the census date for enrollment for a given semester (typically the tenth day of instruction). The census date for each semester can be found in [UNC Charlotte's academic calendar](#). Excused absences from classes or examinations for religious observances will not be counted against any mandatory attendance requirements, but they do not relieve students from responsibility for any part of the course work required during the period of absence. The instructor may appropriately respond if the student fails to satisfactorily complete any alternative assignment or examination. For more information regarding UNC Charlotte's policy regarding the Religious Accommodation for Students, see [University Policy 409](#).

**Student Information**

(to be completed by requesting student)

**Name of student:** \_\_\_\_\_ **Date of submission:** \_\_\_\_\_

**Charlotte ID number:** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Instructor name:** \_\_\_\_\_

**Department:** \_\_\_\_\_ **Course section, number and name:** \_\_\_\_\_

**Request Information**

(to be completed by requesting student)

A reasonable accommodation for a religious observance is any change in an academic course or program of study with respect to the way tasks or responsibilities are customarily done that enables a student to observe his/her religious practice or belief without imposing undue hardship on UNC Charlotte. Please provide the following information:

**What specific class accommodation(s) do you request (e.g., excused absence, rescheduling of an exam or other class requirement)?**

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**Please identify your religious practice or belief and state how the requested accommodation enables you to participate in your religious practice or belief.**

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**Please state the date[s]/frequency of requested accommodation within the academic semester.**

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(IF NECESSARY, PLEASE USE ADDITIONAL SHEETS FOR ANY OF THE INFORMATION REQUESTED ABOVE)

**Religious Tenet(s) Documentation**

**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. I acknowledge that UNC Charlotte may ask me to document my religious practice or belief or consult religious scholars or leaders to confirm the appropriateness of the requested accommodation.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FOR INSTRUCTOR USE ONLY**

Name of student: \_\_\_\_\_ Date of submission: \_\_\_\_\_

Select one of the following two options:

**OPTION #1: Accommodation Approval**

What specific accommodation will be provided?

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State date[s] or duration for the accommodation:

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Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OPTION #2: Accommodation Denial**

Ultimate outcome and reason for denial, e.g., requested accommodation required significant expense or difficulty, including a significant interference with the essential functions of the course/program of study (specify):

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*Note: If there is no consensus on a reasonable accommodation, either party or both should seek the advice of the department chair.*

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RETURN COMPLETED FORM TO THE STUDENT W/IN FIVE BUSINESS DAYS OF SUBMISSION.  
SUBMIT A COPY TO YOUR DEPARTMENTAL OFFICE.  
KEEP A COPY IN YOUR FILES.**