

# UTAH VALLEY UNIVERSITY

## STUDENT RELIGIOUS ACCOMMODATION REQUEST FORM

UVU Policy 601 Sections 4.7 and 5.4 sets forth students' rights and responsibilities in requesting course or study accommodations due to their sincerely held religious beliefs or practices and the procedures for requesting such accommodations. Students requesting such accommodations must complete and submit this form to the course 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 course. The content of this form will be shared only with those who are part of the accommodation approval, appeal, or implementation process.

### 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 a religious belief or practice without undue hardship to the University's legitimate academic purposes resulting from each available alternative of reasonable accommodation.. Examples of reasonable accommodations may include a course assignment modification, an excused absence, rescheduling, flexibility in scheduling, or voluntary substitutions. Faculty need not modify a course assignment when such modification would compromise legitimate course objectives or educational goals. To submit your request for a religious accommodation, please provide the following information:

**Identify your religious belief or practice and state the specific religious accommodation(s) you are requesting.**

\_\_\_\_\_  
\_\_\_\_\_

**Clearly articulate how the course assignment conflicts with your sincerely held religious beliefs or practices.**

\_\_\_\_\_  
\_\_\_\_\_

**State date[s]/frequency of requested accommodation(s) within the current 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.)

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 university disciplinary action against me.

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

**FOR INSTRUCTOR USE ONLY**

*(See UVU Policy 601 Sections 4.7 and 5.4 and the Guidelines for the Accommodation of Sincerely Held Religious Beliefs and Practices. Please respond to student within two (2) working days.)*

Date accommodation request received: \_\_\_\_\_

**ACCOMMODATION APPROVAL**

What specific accommodation(s) will be provided?

\_\_\_\_\_  
\_\_\_\_\_

State date[s] or duration for the accommodation(s):

\_\_\_\_\_  
\_\_\_\_\_

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

**ACCOMMODATION DENIAL**

*(Denial of an accommodation request for a sincerely held religious belief or practice may occur only when undue hardship to the University's legitimate academic purposes would result from each available alternative of reasonable accommodation (i.e., requires more than ordinary administrative costs, infringes on other students' academic experience, impairs campus safety, or changes the essential academic requirements of the class. Before denying a student's request for religious accommodation, faculty shall consult with the Director of the Office for Equal Opportunity and Affirmative Action.)*

State the ultimate outcome and reason for denial, based on above-stated requirements and the following considerations: 1) The importance of the particular assignment to the course; 2) the burden on the student's sincerely held religious beliefs or practices; 3) The difficulty of administering a course assignment modification.:

\_\_\_\_\_  
\_\_\_\_\_

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

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

**APPEAL PROCESS**

*(See UVU Policy 601 Sections 5.4.5 – 5.4.7.)*

If a faculty member denies a course assignment modification request, the student may appeal that denial in a writing, accompanied by this original Religious Accommodation Request Form, within a reasonable time frame, typically within three working days, to the chair of the department. If the department chair or his or her designee denies the request, the student may appeal the denial in writing within a reasonable time frame of receipt to the dean of the school or college. The dean's decision is final. Lack of response on the part of the chair or dean within the time allotted, barring extenuating circumstances, shall constitute confirmation of the faculty member's decision.