# GONZAGA UNIVERSITY

## STUDENT ACADEMIC RELIGIOUS ACCOMMODATIONS REQUEST FORM

### Student Information

<table>
<thead>
<tr>
<th>Student’s Name:</th>
<th></th>
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<tbody>
<tr>
<td>E-mail Address:</td>
<td></td>
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<tr>
<td>Telephone Number:</td>
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</tbody>
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### Class Information

<table>
<thead>
<tr>
<th>Course Title/Course Number/Course Section:</th>
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</thead>
<tbody>
<tr>
<td>Faculty Member’s Name/Department:</td>
<td></td>
</tr>
<tr>
<td>School/College:</td>
<td>☐ A&amp;S ☐ SNHP ☐ SLS ☐ SEAS ☐ SOE ☐ SBA ☐ Law</td>
</tr>
</tbody>
</table>

### Requested Accommodation(s)

A. Religious Holiday/Activity Accommodation Request and Date(s)

____________________________________________________________________________________________

B. Explain how the examination schedule or other academic activities conflict with the observance of your religious holidays.

____________________________________________________________________________________________

C. Identify the accommodation(s) or modification(s) you are requesting that would eliminate the conflict.

____________________________________________________________________________________________

### Verification

I verify that my religious beliefs are sincerely held and that I am motivated by religious purpose to request this accommodation to observe my religious holidays. I understand that in determining whether to grant this request the University may inquire as to the sincerity of my beliefs as well as the purpose for my request. The University may also be limited in its ability to provide an accommodation that presents an undue hardship to the University or a fundamental alternation of the nature or operation of the academic program or course.

____________________________________________________________________________________________

Date | Student Signature
## For Department Use Only

### DECISION

**Request Approved:**

- [ ] Yes
- [ ] No

**Identify accommodation(s) provided:**

____________________________________________________________________________________________

____________________________________________________________________________________________

**If denied, state the reason (e.g., fundamental alteration, undue hardship).**

____________________________________________________________________________________________

____________________________________________________________________________________________

**Date Faculty Signature**

**Print Name**

**Title**

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### APPEAL PROCEDURE

A student may appeal the decision by submitting the appeal in writing to the Dean of the respective school or college of the class the student is seeking accommodations no later than five (5) calendar days after the date of the decision. The decision of the Dean or designee will be final.

### ADDITIONAL INFORMATION

- Gonzaga University Policy on Religious Accommodations for Students: [https://www.gonzaga.edu/academics/academic-calendar-resources/registrarsoffice/policies-procedures/academic-policies-procedures](https://www.gonzaga.edu/academics/academic-calendar-resources/registrarsoffice/policies-procedures/academic-policies-procedures)
- Questions about the interpretation or application of the Policy on Religious Accommodations on Students should be raised with the Office of Diversity Equity and Inclusion (DEI). Please contact DEI at (509) 313-6550 or reyes@gonzaga.edu

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July 29, 2019