

RELIGIOUS ACCOMMODATION REQUEST FORM

The University of Tennessee Health Science Center acknowledges the diversity of its students, and respects the rights of students to observe their religious beliefs and practices. UTHSC will endeavor to provide reasonable accommodations in relation to religious observances, pursuant to [Student Policy SA107 \(Accommodations for Religious Beliefs, Practices and Observances\)](#).

INSTRUCTIONS: It is the student’s responsibility to seek approval, and make any necessary arrangements, to obtain appropriate accommodations for religious observances. Students requesting religious accommodation should notify the appropriate course instructor(s), clerkship/experiential director(s), and/or college representative(s) for each educational activity which will be impacted by the religious observance. A request for religious accommodation should be submitted by the student within thirty (30) days, or as soon as possible, in advance of the religious observance.

Completed Religious Accommodation Request Forms should be submitted to the student affairs officer or appropriate administrative official, as designated by the student's college or program.

PART A: STUDENT CONTACT INFORMATION

Student’s Name: _____ **UTHSC ID:** _____
Email: _____ **Phone:** _____
Student's College or Program: _____

PART B: RELIGIOUS OBSERVANCE INFORMATION

Religious Affiliation/Faith: _____
Date(s) of Conflict: _____
Description of Requested Religious Accommodation: _____

PART C: CONFLICTING EDUCATIONAL ACTIVITY INFORMATION

Conflicting Course/Rotation: _____
Instructor’s Name: _____ **Email:** _____
Additional Information (if applicable): _____

I hereby attest that the above information is complete and accurate to the best of my knowledge. I understand that any intentional misrepresentation contained in this request may result in disciplinary action. I acknowledge that UTHSC 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:** _____

FOR ADMINISTRATIVE USE ONLY

 Received By Date Approved By Date College/Dept. Notes