

URSINUS COLLEGE
REQUEST FOR FINAL EXAM CHANGE FOR RELIGIOUS OBSERVANCE

This form should be submitted by the student to the instructor no later than December 1st for the fall semester or May 1st for the spring semester. Excused absences from examinations for religious observances will not be counted against any mandatory attendance requirements, but they do not relieve students from the 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.

Student information

(to be completed by requesting student)

Name of Student _____ Date of submission: _____

Ursinus ID number: _____ E-mail address: _____

Instructor Name: _____

Department: _____ Course section, number and name _____

Request information

(to be completed by the requesting student)

A reasonable change 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 students to observe their religious practice or belief without imposing undue hardship on Ursinus College. Please provide the following information:

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

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

Please state the date of requested change within the exam period.

(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 Ursinus College may ask me to document my religious practice or belief or consult religious scholars or leaders to confirm the appropriateness of the requested change.

Student Signature: _____ Date: _____

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FOR INSTRUCTOR USE

Name of Student _____ Date of submission: _____

Select one of the following two options:

OPTION #1: Change Approval

What specific change will be provided? (Rescheduled exam during exam period, Incomplete, etc.)?

State the date[s] or duration for the change:

Instructor Signature: _____ Date: _____

OPTION #2: Change Denial

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

Note: If there is no consensus on a reasonable change, 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 AND THE REGISTRAR.

KEEP A COPY IN YOUR FILES.