

# Bethel University Religious Observance Accommodation Request Form

## For CAPS/GS Programs

Completion of this form is required if you are requesting an accommodation due to a religious observance that will interfere with class attendance or assignments. The Religious Accommodations Policy can be found [here](#).

- For courses requiring fieldwork, clinical, or student teaching placements: At least 30 days before the class begins. The director of the program or the department chair should be included in this request.
- For all other courses: By the end of the first week of class or at least two weeks before the requested date.

Students should complete the form by providing all requested information and submit it directly to each professor who teaches classes affected by this request. You should be prepared to discuss alternative arrangements with your instructor.

Download the form, type in your answers, save it to your computer, and email to your instructor. Please maintain a copy of this form for your records.

**Today's date:** \_\_\_\_\_

### Student Information:

Student Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Term/Semester/Year: (e.g., Summer 2025, Fall 2025) \_\_\_\_\_

Course Number, CRN, and Course Title:

Course Number: \_\_\_\_\_ (e.g., NURS 331)

CRN: \_\_\_\_\_ (e.g., 192, 4157) [Course Registration Number]

Course Title: \_\_\_\_\_ (e.g., Mental Health Nursing)

Start & End Dates of course: \_\_\_\_\_ (e.g. 5/26 – 8/10 2025)

Instructor Name: \_\_\_\_\_

### Religious Observance Details:

Name of Religious Observance: \_\_\_\_\_

Date(s) of Observance: \_\_\_\_\_

Briefly explain how the observance will impact your participation in class:

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**Specific Accommodation Requested (Check all that apply):**

☐ Absence from Class on \_\_\_\_\_ [Enter date/dates]

☐ Extension for Assignment Due on \_\_\_\_\_ [Enter date/dates]

Original Due Date: \_\_\_\_\_

Requested New Due Date: \_\_\_\_\_

☐ Other (Please specify):

\_\_\_\_\_

**Student Statement:**

I affirm that I am an adherent of the religion for which I am seeking an accommodation, and that this religious observance is one practiced by those who follow this religion. I understand that I am responsible for all material covered in class, even during my absence for religious observance. I will make every effort to obtain notes, assignments, and other necessary information. I acknowledge that the instructor will consider my request and decide based on academic requirements and fairness to all students.

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

Date: \_\_\_\_\_

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**Instructor Section (For Instructor Use Only):**

Approved: ☐ Yes ☐ No

**If yes:** Alternative Arrangements/Comments including any new due dates for assignments:

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

**If no,** Reason for Denial:

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

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

Date: \_\_\_\_\_

Instructors must return a copy of this form to the student, and the Registrar's Office (for student file) and should keep a copy for their records.