



STUDENT RELIGIOUS ACCOMODATIONS REQUEST FORM

Snow College provides religious accommodations based on a State Bill SB 244 (<https://le.utah.gov/~2021/bills/static/SB0244.html>) that requires higher education institutions to provide accommodations to students base on their sincerely held beliefs or practices. Students requesting religious accommodations will need to submit an individual form for each course they are taking to the respective professor. The information provided in this form should be share only with the instructor and those involved in the accommodations approval or appeals committee.

Student Information

Date Submitted: _____

Name of student requesting accommodation: _____

Student Telephone number: _____ Student e-mail address: _____

Instructor Name:

Course Name and Number: _____

Request for Religious Accommodations

A reasonable religious accommodation is a change in the work or academic environment that enables students to practice or observe a sincerely held religious belief without undue hardship to Snow College. Such accommodation may include but it is not limited to; time for prayer during class, attend a religious event or observe a religious holiday or any necessary modification to the college procedures or requirements for student's religious beliefs, observance or faith practice.

Describe your religious beliefs and practices and indicate the type of religious accommodation you are requesting. _____

Describe how the course or assignment conflicts with your religious beliefs or practices.

Provide dates and frequency of requested accommodations for the current semester.

Please use additional sheets of paper as needed to explain your request

I certify that the above information is accurate to the best of my ability and I understand that any misrepresentation or misinformation provided intentionally by me will result in a disciplinary action by the college against me.

Student Signature: _____ Date: _____

For Instructor Use Only

Date accommodation requested was received: _____

Accommodation Approval

What type of accommodation will be provided?

Dates for the duration of the accommodation: _____

Instructor Signature: _____ Date: _____