

**UNIVERSITY OF MISSOURI STUDENT REQUEST FOR ACCOMMODATION OF
RELIGIOUS PRACTICE**

It is a long-standing policy of the University of Missouri to respect the diversity of our students. Various religious faiths are represented in the University of Missouri student body. The University of Missouri does not restrict student free exercise of religion, unless 1) the restriction is in the form of a rule of general applicability, and does not discriminate against religion, or among religions; and 2) it can be demonstrated that the application of the restriction is essential to furthering a compelling university interest, and is not unduly restrictive considering the relevant circumstance. The policy of the University attempts to strike a reasonable balance between accommodating the religious practice of students and meeting academic needs and standards.

This form can only be used to notify an instructor of an absence associated with religious practice. Students are expected to notify their instructor(s) by completing and submitting this form in a manner that is consistent with the procedure outlined in the University's policy on student religious accommodation. Providing false information regarding sincerely held religious practice is a violation of the University's Standard of Conduct and will not be tolerated.

Student Information

Name of Student: _____ Date of Submission: _____

Student ID #: _____ University Email: _____

Instructor Name: _____

Department: _____ Course Number & Section: _____

Request for Accommodation

A reasonable accommodation is any change in an academic course or program of study with respect to the way tasks or responsibilities are customarily done that enables a student to observe a sincerely held religious practice or belief without creating undue hardship. Please provide the following information:

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

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

Please state the date(s) & frequency of requested accommodation within the academic semester.

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FOR INSTRUCTOR USE ONLY

Name of student: _____ Date of submission: _____

OPTION 1: Accommodation Approval

What specific accommodation will be provided?

State date(s) or duration for the accommodation:

Instructor signature: _____ Date: _____

OPTION 2: Accommodation Denial

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

Should disagreement arise over any aspect of this policy, parties should consult first the Department Chair, then the Dean of the School, and finally, if necessary, the office of the Provost for final resolution.

Instructor signature: _____ Date: _____

Select one of the following options:

**RETURN THE COMPLETED FORM TO THE STUDENT
SUBMIT A COPY TO THE DEPARTMENT OFFICE
KEEP A COPY OF THIS FORM IN YOUR FILES**