Religious Accommodations Request

Instructor/Supervisor Name: ____________________________________________
Requestor Name: ___________________________ Email/Phone ______________________

Date of Requested Accommodation: _____________
Requested Accommodation:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Length of time the accommodation is needed: _____________________________

Describe the religious belief or practice that necessitates an accommodation:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Describe any alternate accommodations that might address your needs:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Randolph College will make every effort to provide a reasonable accommodation that
does not create an undue hardship for the college.

Requestor signature: _____________________________ Date: ______________________