

Faculty of Social Science

Request for Religious/Spiritual Accommodation

Name: _____ Student No: _____

Degree: _____ Module(s): _____ Year: _____

Local Telephone Number: _____ UWO Email: _____

| Course for which accommodation is being requested (eg. Econ 1022a) | Instructor name | Instructor contact information | Accommodation is being requested for: | |
|--|-----------------|--------------------------------|--|------|
| | | | | Date |
| | | | <input type="checkbox"/> Exam <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tut. | |
| | | | <input type="checkbox"/> Exam <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tut. | |
| | | | <input type="checkbox"/> Exam <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tut. | |
| | | | <input type="checkbox"/> Exam <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tut. | |
| | | | <input type="checkbox"/> Exam <input type="checkbox"/> Test/Quiz <input type="checkbox"/> Class <input type="checkbox"/> Lab/Tut. | |

Do you write tests/examinations with Services for Students with Disabilities (SSD)? Yes* No
 *You must complete an Accommodated Exams **Makeup Exam Request Form** with your instructor.

Date(s) and name(s) of Religious holiday/spiritual ceremony:

Signature: _____ Date: _____

PLEASE SUBMIT THIS COMPLETED FORM TO THE SOCIAL SCIENCE ACADEMIC COUNSELLING OFFICE