

## APPENDIX L: ACADEMIC ACCOMMODATION AGREEMENT

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This form is to be used to arrange alternative date or time for examinations, tests or clinical, fieldwork, and co-op experience.

Student's Name \_\_\_\_\_ Program \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Course \_\_\_\_\_ Faculty \_\_\_\_\_

Due to religious observance of \_\_\_\_\_ I require the following accommodation.

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This religious observance will be accommodated by the following:

(Alternate date for test, exam or clinical make-up time)

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

A copy of this agreement will be kept in the students program file.  
Any questions or concerns regarding accommodation for religious observances should be directed to the Human Rights Advisor or the Registrar.

**Give to the professor at least two weeks prior to the requested accommodation.**