

ECN 310 – Religious Accommodation Request Form

Submission Deadline: By the end of the second week of class

To be completed by: Student

Student Information

- Name: _____
- ASU ID: _____

Religious Observance Details

- Religious Holiday(s) or Observance(s): _____
- Date(s) of Conflict: _____
- Specific Class Session(s) Affected: _____

Accommodation Request

- Type of accommodation requested (e.g., deadline extension, excused absence):

☐ I confirm that the above information is true and pertains to my sincerely held religious practices. Further, I have read ASU's policy on [accommodation for religious practices](#) and I confirm that my request is fully compliant with ASU policy.

Signature: _____

Date: _____