

Testing Your Faith Act Absence Notification

First Name _____ Last Name _____

Student ID# _____ Course Section (ex: ENG-121S-801FS) _____

Purpose

The purpose of this Absence Notification is to ensure compliance with applicable provisions of state and federal laws governing religious accommodations in the higher education learning environment.

Policy Statement

Edison State Community College is committed to providing an environment that is respectful of the religious beliefs of its students. The College will accommodate sincerely held religious and/or spiritual beliefs, observances, and practices of its students.

Students are permitted to be absent for up to three (3) days each semester to take holidays for reasons of faith or religious or spiritual belief system, or to participate in organized activities conducted under the auspices of a religious denomination, church, or other religious or spiritual organization with no academic penalty as result of an absence permitted in this policy.

Students will be given alternative accommodations for examinations/academic requirements missed due to an absence permitted in this policy if both of the following conditions are met:

- The student's sincerely held religious belief or practice severely affects the student's ability to take an examination or meet an academic requirement; and
- The student provides written notice of the specific dates for which the student requests alternative accommodations to each faculty member within fourteen (14) days of the first day of instruction in a particular course.

Faculty will accept without question the sincerity of a student's religious or spiritual belief system and keep requests for alternative accommodations confidential. Faculty will schedule a time and date for an alternative examination, which can be before or after the time and date the examination or other academic requirement was originally scheduled, but does so without prejudice.

1. Requested Date _____ Accommodation Provided _____
2. Requested Date _____ Accommodation Provided _____
3. Requested Date _____ Accommodation Provided _____

The signatures below acknowledge the acceptance of the requested dates and accommodations provided above.

Student's Signature: _____ Date: _____

Instructor's Signature: _____ Date _____

Office Use

Copies distributed to: Student File Instructor

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