



**STUDENT REQUEST FOR ACCOMMODATION OF STUDENT RELIGIOUS, ABORIGINAL AND SPIRITUAL OBSERVANCE**  
*You must read the attached Instructions prior to completion of this form.*

STUDENT ID NUMBER							

DATE SUBMITTED		
M	D	Y

SURNAME	GIVEN NAME
---------	------------

PROGRAM
---------

RYERSON. EMAIL ADDRESS
------------------------

TERM OF ACCOMMODATION REQUESTED:	Circle one: Fall Winter Spring / Summer	YEAR:
----------------------------------	-----------------------------------------	-------

COURSE AND SECTION:
---------------------

PROFESSOR'S NAME:
-------------------

ACCOMMODATION FOR OBSERVANCE DURING THE TERM			
Date of Conflict	Observance	Requested Accommodation	Agreed Upon Accommodation

ACCOMMODATION FOR THE FINAL EXAMINATION			
Date of Conflict	Observance	Requested Accommodation	Agreed Upon Accommodation

**PROTECTION OF PRIVACY:**  
 The information on this form is collected under the authority of the Ryerson University Act and is needed to process your application for Academic Consideration. The information will be used in connection with this application. If you have questions about the collection, use and disclosure of this information by the University, please contact the Secretary of Senate, 350 Victoria Street, Suite JOR-1227, Toronto, ON, M5B 2K3; Tel.: 416-979-5011.

It is understood that this information will be treated in a confidential manner, except to the extent that the information is false, fraudulent, is required to be used in any claim of academic misconduct against the student, or is required to be disclosed to defend Ryerson in any claim or potential claim involving the student or the suspicion of fraud.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ACCOMMODATION OF STUDENT RELIGIOUS, ABORIGINAL AND SPIRITUAL OBSERVANCE

See <http://www.ryerson.ca/senate/pol150.pdf>

This form is to be used to request a formal academic accommodation based on a student's declaration of religious observance. It is understood by all parties concerned that this information will be kept strictly confidential, and will not be used for any other purpose. The mutual agreement reached between the student and the instructor must meet the University deadlines for grade submission.

### Instructions for Student:

- Complete one form for each course where Religious, Aboriginal and Spiritual Observance Accommodation is required. Sign and date the form. Also, complete the attached "**Academic Consideration Request Form**" and submit it to your program department, or to the Chang School (front desk) for students who are not registered in a program.
1. If, after reviewing the Course Management details for a course, you determine that there is a conflict between an academic activity and your observance, you should complete the section of the form entitled "Accommodation for Observance During the Term" and submit it to the Instructor. A separate form must be submitted for each course within two weeks of the conflict and normally within the first two weeks of the term. If the required absence occurs within the first two weeks of classes or the dates are not known well in advance as they are linked to other conditions, this form should be submitted with as much lead time as is possible in advance of the required absence. Describe, in as much detail as possible, the requirements of your observance and a description of the accommodation that you would prefer.
  2. You should consult with the Instructor to reach an agreement on a reasonable means to address the situation and fill in the "Agreed Upon Accommodation" section of the form. Both you and the Instructor must sign and date the agreement, and both should retain a copy of the form.
  3. If you do not feel that your request for accommodation has been dealt with appropriately, you may take the matter forward to the Chair/Director of the Department/School which teaches the course or the Program Director of the G. Raymond Chang School of Continuing Education teaching Department if a continuing education student, within five (5) days of receipt of this form from the instructor.
  4. If you have not received a response from the Instructor within the first four weeks of classes, you may immediately refer the issue to the Chair or Program Director.
  5. If, upon release of the Examination Timetable, or the announcement of an Exam date for The G. Raymond Chang School of Continuing Education that is not the normal last day of class, you find you require an accommodation for an observance, you should file another form, completing the section entitled "Accommodation for the Final Exam" and submit it to the Instructor within two (2) weeks of the release of the exam schedule.
  6. If you do not feel that your request for accommodation for the final examination has been dealt with appropriately, you may take the matter forward to the Chair (or Program Director for continuing education students) within five (5) days of receipt of this form from the Instructor.
  7. Your signature on this forms attests to the fact that you are submitting a bona fide claim. You should retain a copy of all signed forms for at least one term after it is filed.

### Instructions for the Instructor:

1. Date and initial the form upon receipt from the student.
2. If you have any questions regarding the observance indicated by the student, please go to the web site that provides comprehensive details of the observance obligations for each religious group that the university is aware of at <http://www.ryerson.ca/equity/calendar/>. If you have any questions about this website, please contact the Discrimination and Harassment Prevention Services Office.
3. You should consult with the student to reach an agreement on a reasonable means to address the situation for any periods indicated in the section "Accommodation for Observance During the Term".
4. The mutually-satisfactory arrangements are to be described in the "Agreed Upon Accommodation" section of the form and the signed form returned to the student prior to the end of the fourth week of classes. You should ensure that you keep a copy of the signed form.
5. It may be necessary for a student to submit another Accommodation form after the release/notification of the Examination Timetable if a conflict arises. Date and initial this form as well.
6. You should consult with the student to reach an agreement on the alternative arrangements for the final examination.
7. When making the alternative arrangements (i.e. rescheduling an examination), you must ensure that the academic obligation can be met as soon as possible before the end of the term and is conducted in a suitable environment.
8. The mutually-satisfactory arrangements for the final examination are to be completed in the "Agreed Upon Accommodation" section of the form and returned to the student within five (5) working days of receipt. You should ensure that you keep a copy of the signed form.
9. Signed forms should be retained for at least one semester after the term it was filed.



### ACADEMIC CONSIDERATION REQUEST FORM

You must inform your instructors when you miss work for medical or other reasons. Unless there are extenuating circumstances, this should be before the date of the test or exam, or the due date of the assignment.

- All documentation in support of any academic consideration request, including medical, other unforeseen circumstances, religious, aboriginal and spiritual observance, athletic competitions, etc., must be submitted to your program department, or to the Chang School (front desk) for students who are not registered in a program.
- Documents for medical and other unforeseen circumstances must be submitted within three (3) working days of the missed work.
- Your instructors will be informed that the document has been submitted, and he/she will determine if you are to be given consideration for missed work.

Student Name \_\_\_\_\_  
 Student Number \_\_\_\_\_  
 Ryerson Email Address \_\_\_\_\_  
 Program \_\_\_\_\_ Year (i.e. 2016, etc.): \_\_\_\_\_  
 Dates missed From: \_\_\_\_\_ To: \_\_\_\_\_  
 Date this form submitted \_\_\_\_\_

Complete the following for each missed class covered by the attached medical or other accommodation. Each instructor will be notified that your document has been received.

Course # and Section (e.g. test, lab, etc.)	Instructor	Instructor's email address	Day and Date(s) missed	Work missed

Student's Signature: \_\_\_\_\_