

**Request for Accommodation for Faith/Conscience Form**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_ Date of Absence/Hardship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature of Absence/Hardship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Students may make a request for reasonable accommodations for an absence/hardship due to reasons of faith or conscience. Please provide a concise explanation of how the request is related to a reason of faith/conscience, or an organized activity conducted under the auspices of a religious denomination, church, or religious organization.

Next Steps: Deliver this form to one of the following offices/email:

1. Vice President, Learning and Student Success, Fort Steilacoom: Cascade 378
2. Vice President, Learning and Student Success, Puyallup: Admin 100
3. Executive Director, Joint Base Lewis McChord: McChord Education Center Bldg 851,
4. E-mail to: LSSoffice@pierce.ctc.edu

Your request will receive a response within three business days of submission. If approved, you will receive a letter with procedures and a form to obtain faculty signatures, which you will return to the Office of the Vice-President/Executive Director. You are responsible for ensuring the documentation authorizing the accommodation is provided to each of your professors whose classes/assignments will be impacted.

Received by Vice President/Executive Director Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Date

Initial Approval Vice President/Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Final Approval Vice President/Executive Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date