



American University of the Caribbean
School of Medicine

AMERICAN UNIVERSITY OF THE CARIBBEAN SCHOOL OF MEDICINE

RELIGIOUS ACCOMMODATION REQUEST FORM

Submit this form to the Office of Student Affairs at this link:

<https://app.smartsheet.com/b/form/562ea37ab984468e864d6f8cbcff98d8>

This form must be submitted by the student to the Assistant Dean of Student Affairs for the Basic Sciences within the first two (2) weeks of matriculated to AUC or as otherwise specified in the Religious Accommodation Policies published from time to time in the AUC Student Handbook.

An approval accommodation will apply to the student’s entire enrollment in the Contents of this request will be shared only as necessary to consider the approval and/or implementation of an appropriate accommodation.

Student Information

Name: _____ ID#: _____

Address: _____

Telephone: _____ Cell/Mobile phone: _____

AUC email address: _____

Request for Religious Accommodation

A reasonable religious accommodation is a change in the academic course or program of study or in the way tasks or responsibilities are customarily done that enables a student to participate in his/her religious practice or believe without undue hardship on the conduct of American University of the Caribbean’s medical education program, and that complies with the University’s commitment to diversity and inclusiveness. To consider your request for religious accommodations, please provide the following information:

What specific religious accommodation do you request? *(attach additional sheets if necessary)*

Identify your religious practice or belief and state how this accommodation enables you to participate in your religious practice or belief without impacting your ability to meet the essential functions of the course.

Religion Tenet(s) Documentation

If requested, can you obtain documentation or other authority to support the need for an accommodation based on your religious practice or belief? Yes _____ No_____

In some cases, American University of the Caribbean will need to obtain documentation or other authority regarding your religious practice or belief. We may need to discuss the nature of your religious belief(s), practice(s) and accommodations with your religion's spiritual leader (if applicable) or religious scholars to address your request for an accommodation.

I verify that the above information is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may result in disciplinary action.

Student Signature: _____ Date: _____

FOR ADMINISTRATION USE ONLY

Date accommodation request received: _____

ACCOMMODATION APPROVAL

State accommodation that will be provided and specify date(s): *(attach additional sheets if necessary)*

Signature: _____ Date: _____
Assistant/Associate Dean of Student Affairs

ACCOMMODATION DENIAL

Ultimate outcome and reason for denial, e.g., requested accommodation required significant

expense or difficulty, including a significant interference with the essential functions of the course (specify):

Signature: _____ Date: _____
Assistant/Associate Dean of Student Affairs