



Religious Accommodations Request

Instructor/Supervisor Name: _____

Requestor Name: _____ Email/Phone _____

Date of Requested Accommodation: _____

Requested Accommodation:

Length of time the accommodation is needed: _____

Describe the religious belief or practice that necessitates an accommodation:

Describe any alternate accommodations that might address your needs:

Randolph College will make every effort to provide a reasonable accommodation that does not create an undue hardship for the college.

Requestor signature: _____ Date: _____