



Religious Observance Request Form

Name: _____

Today's Date: _____

Student ID#: _____

Email address: _____

Phone #: _____

Term: Fall20__ Spring20____ Summer20

Date(s) of Absence: _____

Classes missed due to absence(s)

<u>Course Number</u>	<u>Section Number</u>	<u>Instructor Name</u>
Ex: CIS-110	ND1	John Doe

Student Signature: _____ Approved by _____ Date _____

Submit to:
 Dean of Enrollment Management
 Student Center room 108
or fax to 252-637-6112