



Religious Observance Request Form

Name: _____

Today's Date: _____

Student ID#: _____

Email address: _____

Phone #: _____

Term: Fall Spring Summer

Date(s) of Absence: _____

Year: 20____

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: _____

Date _____

Approve

Deny

Faculty Signature: _____

Date _____

Dean Signature: _____

Date _____

Submit to:
 Student Records
 Brock Administration Building
 room 138 or
studentrecords@cravenc.edu