

# ABSENCE DUE TO REQUIRED RELIGIOUS OBSERVANCE

920 \_\_\_\_\_ Year: 20\_\_\_\_ Term:  Spring  Summer  Fall  
Student ID Number

\_\_\_\_\_  
Last Name First Middle

(\_\_\_\_\_) \_\_\_\_\_  
Phone Catamount Email Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
CRN Course Title Course Instructor

**Identify the religion and religious observation:**

\_\_\_\_\_  
\_\_\_\_\_

**Date(s) of absence:** \_\_\_\_\_

**Study plans/materials needed while absent with input from instructor:**

\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*By signing below, you are attesting that the information you provided is true and accurate.\*\*\***

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Required Signatures:**

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Vice Chancellor for Student Success Signature

\_\_\_\_\_  
Date

**CC: Instructor  
Student File**

**Note: Upon completion, please submit form to the Office of the Provost, 550 HFR Building, for processing.**