

RELIGIOUS ACCOMMODATIONS APPLICATION

PART 1. To be completed by student.

Fill out this application in full and submit with your documentation to accessibilityservices@ccnm.edu.

You are required provide a letter from your religious leader specifying the religious belief/practice for which you are requesting accommodation. While CCNM will provide accommodations for sincerely held religious beliefs or practices, it cannot compromise student competency required for the practice of medicine. Be advised that your religious leader may be consulted.

This information will be maintained confidentially to the extent practical under the circumstances.

Last Name: _____ First Name: _____ Year of Program: _____

E-Mail Address: _____@ndnet.ccnm.edu Phone Number: () _____

Please specify the religious belief/practice you have for which you are requesting accommodation: _____

What accommodation are you requesting at this time? What are some accommodation options? Please specify courses that are affected: _____

The above information is complete and accurate to the best of my knowledge and belief.

Signature

Date

PART 2. To be completed by the Associate Dean - Curriculum and Residency

Was documentation submitted with request? Yes No

Is further documentation required? Yes No

Accommodation Approved Denied Date: _____

Notes: _____

Approved by: _____ Date: _____