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| RELIGIOUS OBSERVANCE AND EXAMINATIONS FORM |

Students who are unable to take examinations on a particular day during the published examination periods for reasons of religious observance (for example, Sabbath, Friday Prayers etc.) should complete this form and return it to their School Office by **15 November for January/February examinations** and

**1 March for summer examinations.**

Please note that while the University will make every effort to avoid the times/dates in your request, owing to the logistical difficulties of scheduling a large number of examinations involving many thousands of students to take place in a limited number of days, it may not be possible to avoid those times/dates. In such circumstances, you should contact your School Office for further advice.

If you need advice about how best to manage a religious commitment during scheduled examination periods, please contact the University Chaplaincy, the Students’ Union or your Student Support and Guidance Tutor (SSGT).

In order to process requests, we will keep written and/or electronic records. These will be stored securely within the School. These may also be used for monitoring and statistical purposes, personal/identifying features within the data will be removed should there be a need to publish data outside the School. We will destroy all records after the agreed time period for this process.

**PART A** *To be completed by the student*

**Personal details** *(Please print clearly)*

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| --- | --- |
| STUDENT’S NAME |             |
| STUDENT ID NUMBER |       |
| COURSE |       |
| YEAR OF STUDY |       | MODE OF STUDY – full-time/part-time  |       |
| MODULE TITLE(s) and CODE(s) affected  |       |
| E-mail address  |       |

## Religious Observance

Please indicate the dates/times that you are unavailable for examinations:

|  |  |
| --- | --- |
| DATE(S) AND TIME(S) | REASON FOR REQUEST     |
|             |       |

Please ensure that you have checked studentcentral and that your module registration details are correct before submitting this form.

|  |  |
| --- | --- |
| SIGNATURE |       |
| DATE |       |

**PART B** *To be completed by Course Leader (or equivalent)*

**Authorisation by Course Leader (or equivalent)**

I can confirm that I support the above student’s request to avoid the dates/times indicated for reason of religious observation.

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| NAME OF COURSE LEADER (OR EQUIVALENT) |       |
| SIGNATURE |       |
| DATE |       |

**PART C** *For School Office use only*

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| Date form received  |       |
| **ALTERNATIVE ARRANGEMENT(S)** for student to sit examination(s) (only where request is authorised)      |
| Date student informed of Course Leader’s (or equivalent) authorisation and alternative arrangement(s) (where authorised)   |       |
| Date student informed of alternative arrangement(s) for sitting the examination(s) (only where request is authorised)  |       |
| Examination Board informed where alternative arrangement is a sit of the examination at the next opportunity  | [ ]  |
| Student record on SITS updated  | [ ]  |