



## RELIGIOUS OBSERVANCE FORM

Students who are unable to take examinations on a particular day during the published examination periods for reasons of religious observance (e.g. Sabbath, Friday Prayers) should complete this form and return it to their School Examinations Officer by the University's published deadlines.

**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 Examination Officer for further advice.**

**Personal Details:**

*(Please print clearly)*

<b>Student ID Number:</b>		<b>Full Name:</b>	
<b>School or Dept:</b>		<b>Degree Programme:</b>	
<b>Personal Tutor:</b>		<b>Year of Study:</b>	
<b>Term Time Address:</b>		<b>Telephone Number:</b>	
		<b>E-mail:</b>	
<b>Module Number:</b>	<b>Module Name(s):</b>		

**Religious Observance**

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

<b>Date(s)</b>	<b>Reason for request</b>

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

**Student Signature:**

**Date:**

**Authorisation by Personal Tutor (or equivalent)**

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

**Personal Tutor Signature:**

**Date:**

**Authorisation by School/Department**

I can confirm that the above request has been taken into consideration when checking the Schedule of Examinations for the School.

**Examinations Officer Signature:**

**Date:**

A copy of completed forms should be returned to the Assessment Office with the amended Schedule of Examinations.