Request for consideration: *Policy and Procedure on Religious Observance and Assessment*

This form should be used to request arrangements for one or more assessments where the assessment(s) coincides with religious observance(s) that do not permit work. For further information please see the policy and procedure document at: <https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/registry/academic-governance/public/academic-policy/exam-arrangements-and-re-sits/>

Scope

This form may be used for religious observances which are:

* time-limited
* do not permit work
* a mandatory requirement of your religion or faith.

The form, and any evidence, must be submitted to your department contact point as soon as possible after notification of the assessment deadlines and normally at least 4 weeks prior to the assessment deadline for which the request is being made. Applications after this deadline will only be considered on a best endeavours basis. Please ensure that you have understood the requirements of the procedure and seek support from the Imperial College Union Advice Centre ([advice@imperial.ac.uk](mailto:advice@imperial.ac.uk)), your personal tutor or departmental administration team.

What will happen if my request is accepted?

Your department will review this request and seek to advise you of the steps that have been agreed within 2 weeks of your submission. Actions that may be taken will be dependent of the timing and type of assessment, your particular needs and other factors such as the availability of appropriate chaperones (see details in the policy).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal Details** | | | | | | | | | | | |
| Forename: | |  | | | Surname: |  | | | | | |
| CID no: | |  | | | Department: |  | | | | | |
| Programme of Study: | |  | | | | | Year of study: | | |  | |
| **Assessment claimed for.**  Please use the box to list all assessments affected. Add rows as necessary. | | | | | | | | | | | |
|  | Module/assessment name | | | Title/description | | | | | | Date of assessment | |
| 1 |  | | |  | | | | | |  | |
| 2 |  | | |  | | | | | |  | |
| 3 |  | | |  | | | | | |  | |
| 4. |  | | |  | | | | | |  | |
| 5. |  | | |  | | | | | |  | |
| **Details of request**  Please use the box below to provide the information relevant to this request, such as your religion, the festival(s) or observance(s), and any particular requirements or restrictions that this may place on you. You may be requested to provide an additional supporting statement from your faith leader. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Confirmation declaration (to be completed by the student’s Faith Leader)**  I confirm that the information provided above is accurate and support the request. | | | | | | | | | | | |
| Title / Role: | | |  | | | | | | | | |
| Name: | | |  | | | | | | | | |
| Signature: *Typed is sufficient* | | |  | | | | | Date |  | | |
| **Privacy statements**   1. The university will normally only share the information in this form with those that are required to consider the request\*. 2. The full information that is contained in the request submission will only be held for the period as outlined in the university [retention schedule](https://www.imperial.ac.uk/media/imperial-college/administration-and-support-services/records-and-archives/public/Retention-Schedule-version-2010.pdf). 3. Fully anonymised data may be retained after this date for the continuous improvement of processes and procedures, for example analysis of requests and the outcomes, or for training purposes. No individual will be identifiable from this data.   **\***In certain circumstances the university may be required to share the information provided in this form where it is considered that the information relates to a concern for the safety and wellbeing of any member of the university community. | | | | | | | | | | | |
| **Student Declaration**  Please note that if this section is incomplete, the request cannot be considered.  By submitting this form and any supporting documentation: | | | | | | | | | | | |
| * I declare that the information given is true and accurate to the best of my knowledge. | | | | | | | | | | |  |
| * I declare that I have consulted the *Policy and Procedure on Religious Observance and Assessment* prior to completing the form. | | | | | | | | | | |  |
| * I understand that the information and documentation in this form will be shared for the university to fully consider the request. | | | | | | | | | | |  |
| Student signature:  *Typed is sufficient* | |  | | | | | | Date |  | | |