# Request for consideration under the *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), 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 section 3 of the policy).

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| **Personal Details** |
| Forename: |  | Surname: |  |
| CID no: |  | Department: |  |
| Programme of Study: |  | Year of study: |  |
| Contact email address |  |
| **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. |  |  |  |
| **Reason for Claim**Please use the box below to inform us of your religion, the name of the festival or observance, and any particular requirements or restrictions that this may place on you. You may be requested to provide supporting statement from your faith leader. |
|  |
| **Supporting statement (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 College will normally only share the information in this request 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 College [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 College 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 College community, for example where there is a direct risk to the student or another individual.** |
| **Student Declaration**Please note that if this section is incomplete, the request cannot be considered. By submitting this form and 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 in order for the College to fully consider the request. I note for my safety and wellbeing or that of others further dissemination of the information may be required.
 |[ ]
| Student signature:*Typed is sufficient* |  | Date |  |