



---

## Request for Religious Accommodations

### Student Information:

Student Name:

Learner ID Number:

Phone Number:

Email:

Program/Specialization:

Identify your need for accommodations and how it affects your ability to perform the requirements of the course:

State specifically the accommodation you are requesting:

List all possible alternative accommodations:

Student Signature:

Date:

**NOTE: Please return completed forms to [accessibility@aspen.edu](mailto:accessibility@aspen.edu)**