Office Use Only
Approved by:
Date:

STUDENT REQUEST FOR ABSENCE

FOR REASONS OF FAITH OR CONSCIENCE

Today's Date: ______ Quarter:_____ SID #:_____

Student Name:		Email:		Phone:		
lea Co	arning environment. ollege reasonably ac	Consistent with these value	ues and pursuant to ces for reasons of	o RCW 28B.10.0 faith or conscien	liefs, which enhances the teaching and 39 as amended, and S.S. Bill 5166, the ce or for organized activities conducted	
In	structions:					
1.	Submit this completed Student Request for Absence for Reasons of Faith or Conscience form to the Office of Instruction via email at instruction@columbiabasin.edu , with the subject line, "Request for Absence for Reasons of Faith or Conscience", or by delivery to the Office of Instruction, A-Building, Pasco Campus.					
2.	. Upon receiving approval from the Office of Instruction, present this form to each of your instructors whose courses or assignments are related to the absence for their signature as acknowledgment of the dates of your absence. Return this signed form to the Assistant Dean for Instruction, A-Building, Pasco Campus.					
3.	It is your respons which are due dur	ing your absence.		-	y required assignments or activities	
		LIST ALL COU	RSES RELATE	D TO THIS RE	QUEST	
Course Title In		Instructor Name	Date of Brief explanation of Absence absence		nation of reason for requested	
St	udent Signature: _				Date	
	FACIILTY	'ACKNOWLDEGEMEN	NT FOR EACH (COURSE RELA	TED TO THIS REQUEST	
Course Title		Instructor Name		Instructor Signature Date		
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4. A student whose request for absence is denied may appeal the determination to the Vice President for Instruction. The appeal must be in writing and must be delivered to the Office of Instruction within three (3) calendar days after the student receives notice of the denial.