In accordance with the RISO policy, this form may be used to address scheduling conflicts between Examinations (Registrar-invigilated final examinations) and religious, Indigenous or spiritual observances. **Accommodation requests must be submitted at least 10 working days before the first day of the start of the exam period. Late requests may not be possible to reschedule, and you may be referred to your Faculty/Program Office for alternative options.** For all other accommodation requests, see your Faculty/Program Office and/or Student Accessibility Services (SAS), MUSC (Student Centre) – B101.

|  |  |  |
| --- | --- | --- |
| Student ID number: | McMaster Email: | Phone Number: |
| Name: | | Date Submitted: |

If you are registered with SAS, please contact your SAS Coordinator to ensure your disability and RISO accommodations are coordinated.

**DETAILS ABOUT EXAMINATION(S) FOR WHICH YOU ARE REQUESTING ACCOMMODATION** (see reverse to add more)**:**

|  |  |  |  |
| --- | --- | --- | --- |
| Course Code (e.g., ARTSSCI 1A03): | Term: | | Section (e.g. C01): |
| Instructor’s name: | | Instructor’s email (optional): | |
| Details specific to the conflict: | | | |
| Action taken **(Registrar’s Office use only)**: | | | |

**Protection of privacy:** The information collected in this form is used for the purposes of facilitating accommodation. All information will be kept in accordance with the confidentiality provisions of this policy. If you have any questions about the collection, use, and/or disclosure of this information, please contact the University Secretary Freedom of Information and Protection of Privacy Officer at [privacy@mcmaster.ca.](mailto:privacy@mcmaster.ca.)

|  |  |
| --- | --- |
| Student Signature: | Date: |

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| --- | --- |
| **REGISTRAR’S OFFICE USE ONLY** | |
| RO Staff Signature: | Date Received: |

|  |  |  |  |
| --- | --- | --- | --- |
| Course Code (e.g., ARTSSCI 1A03): | Term: | | Section (e.g. C01): |
| Instructor’s name: | | Instructor’s email (optional): | |
| Details specific to the conflict: | | | |
| Action taken **(Registrar’s Office use only)**: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Course Code (e.g., ARTSSCI 1A03): | Term: | | Section (e.g. C01): |
| Instructor’s name: | | Instructor’s email (optional): | |
| Details specific to the conflict: | | | |
| Action taken **(Registrar’s Office use only)**: | | | |

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| --- | --- | --- | --- |
| Course Code (e.g., ARTSSCI 1A03): | Term: | | Section(e.g. C01): |
| Instructor’s name: | | Instructor’s email (optional): | |
| Details specific to the conflict: | | | |
| Action taken **(Registrar’s Office use only)**: | | | |