



**ACADEMIC ACCOMMODATION FOR RELIGIOUS, INDIGENOUS AND SPIRITUAL OBSERVANCES (RISO)  
STUDENT REQUEST FORM**

**TO BE SUBMITTED TO YOUR FACULTY OFFICE**

In accordance to the RISO policy, this form may be used to address scheduling conflicts between Academic Obligations (Evaluative Exercises, including, but not limited to, tests, labs, assignments, participation, and seminars) and religious, Indigenous or spiritual observances. For all other accommodation requests, you must consult with your Faculty Office and/or Student Accessibility Services (SAS) - MUSC (Student Centre) B107.

|                    |                 |
|--------------------|-----------------|
| Name:              | McMaster email: |
| Student ID number: | Date submitted: |

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

**FOR TESTS, ASSIGNMENTS, TUTORIALS, PARTICIPATION, ETC. (Please see reverse for additional courses)**

|                                      |                     |          |
|--------------------------------------|---------------------|----------|
| Course Code (e.g., English 1A03):    | Term:               | Section: |
| Instructor's name:                   | Instructor's email: |          |
| Details specific to the conflict:    |                     |          |
| Action taken ( <b>office only</b> ): |                     |          |

**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 905-525-9140 x23080 or [ayreh@mcmaster.ca](mailto:ayreh@mcmaster.ca).

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

**FOR OFFICE USE ONLY**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

|                                      |                     |          |
|--------------------------------------|---------------------|----------|
| Course Code (e.g., English 1A03):    | Term:               | Section: |
| Instructor's name:                   | Instructor's email: |          |
| Details specific to the conflict:    |                     |          |
| Action taken ( <b>office only</b> ): |                     |          |

|                                      |                     |          |
|--------------------------------------|---------------------|----------|
| Course Code (e.g., English 1A03):    | Term:               | Section: |
| Instructor's name:                   | Instructor's email: |          |
| Details specific to the conflict:    |                     |          |
| Action taken ( <b>office only</b> ): |                     |          |

|                                      |                     |          |
|--------------------------------------|---------------------|----------|
| Course Code (e.g., English 1A03):    | Term:               | Section: |
| Instructor's name:                   | Instructor's email: |          |
| Details specific to the conflict:    |                     |          |
| Action taken ( <b>office only</b> ): |                     |          |

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| Instructor's name:                   | Instructor's email: |          |
| Details specific to the conflict:    |                     |          |
| Action taken ( <b>office only</b> ): |                     |          |