



TOURO UNIVERSITY  
C A L I F O R N I A

APPLICATION FOR Religious ACCOMMODATIONS & SERVICES

Please allow **at least two weeks** for Student Affairs (SA) to review your application and supporting documentation. **Please note that your application cannot be reviewed until documentation is received.** General Documentation Guidelines are outlined below. After SA has reviewed your application, you will be contacted via e-mail or by phone so that we may engage you in an interactive dialogue relative to your application. Please contact SA if you have questions regarding the SA registration process. Touro University California reserves the right to reach out to your designated religious leader for more information.

Section I: Student Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
(Street & Apt. #)

\_\_\_\_\_  
(City) (State) (Zip)

Local Address: \_\_\_\_\_  
(Street & Apt #) (City) (Zip)

Phone # (Cell): \_\_\_\_\_

Phone # (Permanent): \_\_\_\_\_

Touro E-mail Address (If Available): \_\_\_\_\_

Other E-mail Address: \_\_\_\_\_

## Section II: Programmatic Information

Touro University California, College you are attending: \_\_\_\_\_)

Program: \_\_\_\_\_

Anticipated Graduation Date: \_\_\_\_\_ First Semester at Touro: \_\_\_\_\_

Please briefly describe your program. Be sure to include information about fieldwork, classroom, clinical or laboratory components, comprehensive examinations, a thesis/dissertation, or other requirements that may be impacted by your need for religious accommodations:

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## Section III: Religious Information

Please answer the following questions regarding your religious need(s) and how it impacts your ability to learn, attend, or participate in University life.

**1. Specify the religious need(s):**

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**2. Please identify what University activity(ies) is affected by your religious need(s):**

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**3. Please specify the religious accommodations that you are requesting:**

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**4. Briefly describe why you are requesting the above accommodations:**

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**5. Please list any services/accommodations you received as an undergraduate or at any previously attended school:** (Please note that while such services do not necessarily carry over to your current program, the information is helpful to give SA background information on your religious needs.)

Institution: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Accommodation(s) Received: \_\_\_\_\_

Institution: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Accommodation(s) Received: \_\_\_\_\_

**6. Please provide the contact information for your place of worship:**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street & Apt. #)

(City) (State) (Zip)

Phone #: \_\_\_\_\_

E-mail Address (If Available): \_\_\_\_\_

Contact name and title: \_\_\_\_\_

If you cannot provide this information, please state your reason(s) why below: (Failure to provide this information does not automatically disqualify you from receiving the requested accommodation(s).)

\_\_\_\_\_  
\_\_\_\_\_

**Section IV: Referral Information**

Please indicate how you heard about Touro University religious accommodation services:

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|------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Registrar             | <input type="checkbox"/> Friend or Family Member |
| <input type="checkbox"/> Academic Advisor/Dean | <input type="checkbox"/> Admissions              |
| <input type="checkbox"/> Professor/ TA         |                                                  |
| <input type="checkbox"/> Touro Website         | <input type="checkbox"/> Other: specify: _____   |
| <input type="checkbox"/> Self                  |                                                  |

I, \_\_\_\_\_, give Touro University California permission to explore coverage and reasonable religious accommodations in accordance with all applicable State and Federal laws. I understand that all information obtained during this process will be maintained and used in accordance with its confidentiality requirements. I certify that I have read and reviewed the description of the program and have been informed of the essential requirements. I further certify that the foregoing statements are complete, accurate, and true to the best of my knowledge. I understand and appreciate that not all requested religious accommodations may be provided, accounting for the requirements of the program for which I am matriculated.

\_\_\_\_\_  
Signature of Requestor/Student\*

\_\_\_\_\_  
Date

\*Important Notes:

Religious accommodations cannot be applied retroactively.

Provision of religious accommodations during our program is not a guarantee of successful graduation, licensure, certification or continued certification. Students must successfully satisfy program

requirements and meet the program's rigors. Testing providers and licensing and certification agencies, boards and organizations have their own accommodation requirements. Religious accommodations, if any, received by the student at Touro University are not binding on those providers, agencies, boards or organizations. The student is solely responsible to investigate, apply for and acquire accommodations with any necessary providers, agencies, boards or organizations. Touro University hereby expressly disclaims any liability in such event those providers, agencies, boards or organizations do not grant the student accommodations – such risk is borne exclusively by