

Students have 2 options to choose from when submitting the Flu Vaccine Religious Accommodation Request:

Option 1 – Printed Version

1. Print page two of this document.
2. Fill out all fields and answer questions completely.
3. Sign and date the document.
4. Scan the completed document and email to deanofstudents@ucr.edu to begin the review process.

Option 2 – Online

1. Click on the open fields on page two of this document and type your responses.
2. Fill out all fields and answer questions completely.
3. Print page 2 of the filled-out form.
4. Sign and date the document.
5. Scan the completed document and email to deanofstudents@ucr.edu to begin the review process.

Responses or requests for more information, will be sent to you via email.

REMINDER: You are required to adhere to all COVID-19 protocol, including physical distancing, mask wearing, and hand washing while on all campus property as directed by campus officials and instructors. Please refer to <https://ehs.ucr.edu/coronavirus> for more detailed information.

**UNIVERSITY OF CALIFORNIA
STUDENT RELIGIOUS ACCOMMODATION REQUEST FORM
(Accommodation to Flu Vaccine Mandate)**

STUDENT NAME	STUDENT ID
STUDENT PHONE NUMBER	STUDENT EMAIL

Based on my sincerely held religious belief, practice, or observance, I am requesting a religious accommodation in connection with the University's flu vaccine mandate.

Please identify your sincerely held religious belief, practice, or observance that is the basis for your request for religious accommodation.

Please briefly explain how your sincerely held religious belief, practice, or observance conflicts with the University's flu vaccine mandate.

Describe the accommodation(s) you are requesting and the applicable time period or frequency.

Do you anticipate living and/or learning on premises at any UC location at any time during the 2020-21 flu season?

Yes, regularly.

Yes, sometimes. Please describe: _____

No.

I don't know.

Please provide any additional information that may be helpful in processing your religious accommodation request.

Student Signature: _____ Date: _____

Date Received by University: _____ By: _____