



Request for Faith & Conscience Leave

Student Name _____

SID# _____ Quarter _____ Year _____

Email _____

Date(s) Requested for Faith & Conscience Leave _____

Student Signature _____

Date _____

Explanation of how the requested holiday is related to a reason of faith or conscience or an organized activity conducted under the auspices of a religious denomination, church, or religious organization.

*Requests must be made in writing within the first two weeks of the course to be eligible under the Faith and Conscience Leave policy, **please attach a copy of your schedule to this form** and deliver both to the Office of Instruction located in the Alan Thompson Library, Room 118. Open: Monday – Friday 8:00 – 5:00, or via email: Officeofinstruction@lcc.ctc.edu*

Office use only:

Received _____
Date

- Approved
- Denied

Faculty Notified

Faculty Name Date

Faculty Name Date

Faculty Name Date

Faculty Name Date

Faculty Name Date

Posted to Faith & Conscience Leave Spreadsheet _____
Date