



Student Accommodation Request in Work Integrated Learning due to Religious, Indigenous and Spiritual Observance

This form must be completed and emailed to your Program Coordinator in Faculty of Health Sciences & Wellness prior to the Work Integrated Learning selection date each semester.

Private and Confidential

The information contained on this form is collected, used and/or disclosed pursuant to the Freedom of Information and Protection Act, 1990; the Personal Health Information Protection Act, 2004; and/or the Occupational Health and Safety Act, 1990.

1. Student Details

First Name: _____
Last Name: _____
Student Number: _____
Program: _____
HumberMail e-mail address: _____

2. Accommodation Details

Term Requested Fall Winter Spring
Course: _____
Program Coordinator Name: _____

3. Requested Accommodation for Entire Semester

Indicate reason for semester-long accommodation: (example, unable to work on Sunday)

-
- Religious
 - Indigenous
 - Spiritual

4. Requested Accommodation for One Work Integrated Learning Day

Date of request: _____
Indicate reason for one-day accommodation:

-
- Religious
 - Indigenous
 - Spiritual

Signatures

Student Signature: _____
Date: _____
Program Coordinator Name [Print]: _____
Program Coordinator Signature: _____
Date: _____