

**STUDENT RELIGIOUS ACCOMMODATION
REQUEST FORM – COVID 19 VACCINE**

08/06/2021

Student Information

Name of Student (first/middle/last):		
Date of Birth:	Felician ID #:	
Primary Phone:	Felician Email Address:	
Address:		
City:	State:	Zip Code:
Signature:		Date:

Felician University’s policy is to require all students to receive a COVID-19 vaccination. A student may be exempt from vaccination if **the submission to vaccination is contrary to the student’s religious beliefs.**

Moral or philosophic grounds are insufficient bases for objection.

For consideration of exemption to the University immunization compliance policy, please complete the following and email to vaccinerequest@felician.edu:

- Complete the section below (Section 1: Student Rationale for Request) by detailing the religious basis of your objection, explaining why you are requesting this religious exemption and explaining how this requirement conflicts with your religious beliefs. Felician University does not accept letters or signatures from parents or legal guardians for exemption consideration unless you will be under 18 years of age on the first day of the program.

Please note, submitting this request does not guarantee approval. Please allow 7-10 business days for your request to be processed. Upon review, you will be notified in writing if the exemption has been granted. At any time, the University reserves the right to request additional supporting documentation.

Final Acknowledgement *(to be completed by the student)*

Instructions: initial next to each of the statements below:

	I request exemption from immunization requirements due to my genuine and sincere religious beliefs. I understand the risks of non-immunization. I accept full responsibility for my health and waive any claims against Felician University for contracting an illness that may be preventable by vaccine.
	I understand that in the event of an outbreak, threatened outbreak, health crisis, pandemic or campus health or local epidemic, I may be temporarily excluded from classes, residence halls, and any sponsored activities on campus. I agree to comply with these restrictions and accept responsibility for communicating with my faculty and advisors. I further understand that restrictions from campus, including but not limited to classes and living spaces, do not entitle me to any reduction in tuition, housing charges, or other University fees.
	Should I contract a communicable or contagious disease, I will immediately report it to Health Services at Felician University and comply with the isolation and quarantine procedures specified by the University and remove myself from the University community if so advised.
	I understand and agree to comply with and abide by all Health Services and University policies and procedures.
	I certify that the information I have provided in connection with this request is accurate and complete.

Final Student Signature

Printed Name of Student (first/middle/last):	
Signature:	Date:

FOR MINORS ONLY

Printed Name of Parent/Guardian (first/middle/last):	
Signature:	Date:
Parent/Guardian Phone Number:	
Parent/Guardian Email Address:	

