



**NOTIFICATION OF ABSENCE DUE TO  
OBSERVANCE OF A RELIGIOUS  
HOLIDAY  
in Duke University School of Nursing**

**Policy** - The Duke University School of Nursing has established procedures to be followed by students for notifying their instructors of an absence necessitated by the observance of a religious holiday. This policy reflects the School's commitment to being responsive to our increasing diversity and to enabling students' spiritual development. As a professional school, students should recognize that it may not be possible to observe a religious holiday due to clinical responsibilities. Students should be aware that it is essential to be present and engaged in clinical care to meet course objectives.

Students desiring to miss class/clinical to observe a specified religious holiday are expected to make prior arrangements with their instructor to make up any work missed (see below).

**Note:** it is strongly recommended that, as a courtesy, you notify each of your instructors at the beginning of the semester of any religious holiday(s) that will necessitate your absence from classes that semester.

**Procedure**

- The religious observance notification procedure is based on the operating principle that you will act in accordance with the Duke Community Standard.
- This procedure can only be used to notify an instructor of an absence necessitated by observance of a religious holiday.
- You are expected to notify your instructor that you will miss class/clinical in order to observe a religious holiday **by completing and submitting to your instructor no later than four weeks prior to the date of the holiday** the **NOTIFICATION OF ABSENCE DUE TO OBSERVANCE OF A RELIGIOUS HOLIDAY** form.
- Because religious holidays are scheduled in advance, instructors have the right to insist that course work to be missed should be completed prior to an anticipated absence in accordance with the course attendance policy.
- Your signature on the form affirms your compliance with the Duke Community Standard.

Given the time limitations inherent in completing end-of-semester assignments or making up a missed final exam, this procedure cannot be used during the final exam period. You are expected to take final examinations at the scheduled times and to complete end-of-semester work by the deadlines set by the instructor.

For more information regarding the **Notification of Absence Due to Religious Holiday** process, contact the School of Nursing Registrar at 877-415-3853.

Once this form is completed a copy should be submitted to:

Office of Admissions and Student Services

DUMC 3322

307 Trent Drive

Durham, NC 27710

FAX: 919-668-4693



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Student Name: \_\_\_\_\_ Duke Unique ID #: \_\_\_\_\_

Program:  ABSN  MSN/PMC  Graduate Certificate  DNP

If MSN/PMC, indicate specialty: \_\_\_\_\_

I regret that I will be unable to attend class in your course, \_\_\_\_\_, on \_\_\_\_\_ because I will be observing the religious holiday \_\_\_\_\_, which takes place on this date. I will meet with you prior to the date of my absence to make necessary arrangements for meeting my course obligations according to course policy. In making up missed work, I pledge that I will not obtain any information of any kind by any means that would provide me with an unfair advantage over other students in this course.

I understand that I am expected to submit this form prior to the date when I will miss class in order to observe the religious holiday noted above

#### Duke Community Standard

Duke University is a community dedicated to scholarship, leadership, and service and to the principles of honesty, fairness, respect and accountability. Citizens of this community commit to reflect upon and uphold these principles in all academic and non-academic endeavors, and to protect and promote a culture of integrity.

To uphold the Duke Community Standard:

I will not lie, cheat, or steal in my academic endeavors;

I will conduct myself honorably in all my endeavors; and

I will act if the Standard is compromised.

**Student Signature:** My signature below affirms my compliance with the Duke Community Standard.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Notification sent to Instructor:** (Please provide each with a copy of this form)

\_\_\_\_\_  
Instructor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Chair

\_\_\_\_\_  
Date