



JOHNS HOPKINS  
SCHOOL of NURSING

RELIGIOUS OBSERVANCE NOTIFICATION FORM

The religious observance notification policy is based on the principle that all students will act in accordance with the Johns Hopkins University School of Nursing Honor Code. This form can only be used as notification of an absence necessitated by a religious observance. Students are expected to notify the course instructor and Program Director when a class/clinical will be missed for religious observance by completing and submitting this form to the appropriate Program Director **within the first two weeks of the term**. Should the religious observance occur within the first two weeks of class/clinical, arrangements must be made prior to the start of the term.

Student name: \_\_\_\_\_ Student ID # \_\_\_\_\_

Program:    MSN: Entry into Nursing            MSN: Advanced Practice  
                 Executive DNP  DNP Advanced Practice     PhD

If MSN or DNP Advanced Practice, indicate specialty:  
\_\_\_\_\_

I will be unable to attend class for the following course(s),  
\_\_\_\_\_, on \_\_\_\_\_ for the religious observance

\_\_\_\_\_, which takes place on this date. I will meet with the Theory/Clinical Course Coordinator 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 in accordance with the above outlined timeframe.

*My signature below affirms my compliance with the Johns Hopkins Religious Observance Policy.*

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

Program Director \_\_\_\_\_ Date \_\_\_\_\_

**COMPLETED FORM TO BE SUBMITTED TO PROGRAM DIRECTOR.**

**APPROVED form will be scanned and emailed to the Clinical and/or Theory Coordinator**