



**ACADEMIC RESCHEDULED EXAM ACCOMMODATION
FOR RELIGIOUS, INDIGENOUS AND SPIRITUAL OBSERVANCES (RISO)**
STUDENT REQUEST FORM FOR FINAL EXAMINATIONS
TO BE SUBMITTED ONLINE USING THE STUDENT SERVICE REQUEST

In accordance with the RISO policy, this form may be used to address scheduling conflicts between Examinations (Registrar-invigilated final examinations) and religious, Indigenous or spiritual observances. **Accommodation requests should be submitted at least 10 working days before the first day of the start of the exam period. Late requests may not be possible to reschedule, and you may be referred to your Faculty Office for alternative options, including an exam deferral.**

December 2026 Final Exams: the deadline to request an accommodation for a rescheduled exam is **Friday, November 27, 2026**

April 2027 Final Exams: the deadline to request an accommodation for a rescheduled exam is **Tuesday March 23, 2027**

***If you are submitting this form after the deadline has passed, please indicate the reason why in the "Details specific to the conflict" section.**

Rescheduled examinations take place after, not before, the original examination time and are scheduled at the next available timeslot following the religious observance.

Student ID number:	McMaster Email:	Phone Number:
Name:		Date Submitted:

DETAILS ABOUT EXAMINATION(S) FOR WHICH YOU ARE REQUESTING ACCOMMODATION:

Course Code (e.g., English 1A03):	Term:	Section (e.g. C01):
Instructor's name:		
Details specific to the conflict and how it impacts your ability to write the exam as currently scheduled.		

Protection of privacy: The information collected in this form is used for the purposes of facilitating accommodation. All information will be kept in accordance with the confidentiality provisions of this policy. If you have any questions about the collection, use, and/or disclosure of this information, please contact the University Secretary Freedom of Information and Protection of Privacy Officer at 905-525-9140 x23080 or thyreta@mcmaster.ca.

I hereby declare that the information provided in this form is true.

Student Signature:	Date:
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Instructor's name:		
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