COVID-19 Vaccination Requirement Religious Exemption Request Form for 2022
New students only (Not currently enrolled at FMCC)

Please read and follow all instructions to avoid delay or completion of the request.
Submission Deadline:
May 23rd for the first Summer 2022 session. June 27th for the second Summer 2022 session.
August 26th for Fall 2022.

To request a religious exemption from the SUNY COVID-19 vaccination mandate, you must complete this form (including any certification), use your own FMCC email (or via personal email for students who have been admitted but not yet enrolled) and submit it to registrar@fmcc.suny.edu.

Include in Email Subject Line your Full Name and “Religious Exemption”.

If you do not use the registrar@fmcc.suny.edu email address, do not complete the form in full or do not file by the deadline, your request will not be processed.

Per SUNY Policy, all students who plan to attend in-person classes and/or utilize in-person services at a SUNY facility or campus must provide evidence of receiving a full vaccination series (i.e., both doses of a two-dose series) of any COVID-19 vaccination or apply for an exemption.

Students who hold genuine and sincere religious beliefs that are contrary to COVID-19 Vaccination may be considered for an exemption only after submitting a completed request that includes the following:

- Part I: Completed Form including student information and certification
- Part II: The student’s written statement in the student’s own words that explains:
  1. how receiving the COVID-19 vaccination conflicts with the student’s genuine and sincere religious beliefs or practices, and
  2. how foregoing the COVID-19 vaccination will not otherwise prevent the student’s completion of their programmatic or curricular requirements of the academic program.

You may also include the following to support your request.

- Part III: Supporting Party Statement: A written statement from an authorized representative (include name, title, and contact information) of the religious institution attended by the student and/or literature from the religious institution explaining the doctrine/beliefs that prohibit COVID-19 immunization.

*General philosophical or moral objections to such vaccine shall not suffice as the basis for a religious exemption.*

Religious exemption requests are reviewed by a committee and a decision regarding your request will be released through FM student email (or via personal email for students who have been admitted but not yet enrolled).

*All committee decisions are final.*
Student Information:

<table>
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<tr>
<th>LAST NAME</th>
<th>FIRST NAME</th>
<th>STUDENT EMAIL ADDRESS</th>
<th>DATE OF BIRTH</th>
<th>STUDENT ID #</th>
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Student Statement:
In the space below and in your own words, please describe the following (If additional space is needed, please attach additional pages.):

(1) Your sincerely held religious belief or practice that is the basis for your request for a religious accommodation and how your sincerely held religious belief or practice conflicts with the SUNY COVID-19 Vaccination Requirement. General philosophical or moral objections to such vaccine shall not suffice as the basis for a religious exemption.

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(2) Name of Academic Program:

________________________________________________________________________
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How not receiving the COVID-19 Vaccination will not otherwise prevent you from completing the programmatic or curricular requirements of your academic program.

________________________________________________________________________
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Please note that the campus reserves the right to request additional documentation to support a request for a religious exemption.
Please check each box to acknowledge:

☐ While my request is pending, I understand that I must comply with the campus’ COVID-19 related health and safety protocols (e.g., masks/face coverings, social distancing, regular surveillance testing) applicable to unvaccinated or partially vaccinated individuals as a condition of my physical presence in a SUNY Facility.

☐ If my request is granted, I understand that I will be required to comply with the campus’ COVID-19 related health and safety protocols (e.g., mask/face coverings, social distancing, regular surveillance testing) if accessing a SUNY Facility as a condition of my on-going physical presence. I am aware that should a COVID-19 outbreak occur at the campus that I may be excluded from all in-person classes and activities and that if I am enrolled in courses that require a physical presence on campus that I may not be able to complete my academic coursework remotely. I acknowledge that any refund I might be entitled to in the case of a COVID-19 outbreak would be subject to all existing SUNY policies.

☐ If my request is granted and I fail to continue to comply with the campus’s COVID-19 related health and safety protocols, I can face Student Code of Conduct charges. Outcomes for such violations can range from verbal warnings to termination of exemptions to removal from face-to-face coursework and on-campus presence, and administrative withdrawal.

☐ If my request is granted, I understand that I am fully responsible for my health, and I fully assume any and all risks associated with not receiving immunizations/vaccinations and that Fulton-Montgomery Community College cannot be held responsible for my actions in this matter.

☐ If my request is granted, I understand that the exemption applies only to Fulton-Montgomery Community College and not to any other organization or program. The exemption will not apply in any internship/externship/clinical rotations or placements that may require specific immunizations/vaccinations or policies.

☐ I certify that my statement above, and all supporting documentation, are true and accurate, and that I hold a sincere and genuine religious belief that is contrary to the receipt of the COVID-19 vaccination. False statements on these documents could result in Student Code of Conduct charges. Outcomes for such violations can range from termination of exemptions to removal from face-to-face coursework and on-campus presence, and administrative withdrawal.

Signature*: _________________________________________     Date: ____________

*Student, but Parent or Legal Guardian must sign if the student is under 18 years old as of first day of classes.

Works Cited: