

APPLICATION FOR CHAPEL REDUCTION/EXEMPTION

(THIS APPROVAL IS FOR ONE SEMESTER ONLY)

Name _____ ID# _____ Semester _____

UU Box or Address _____ Local Phone # _____

Major _____ Advisor _____

I am involved in one of the following DURING THE CHAPEL HOUR:

Clinical Education Observation Internship Student Teaching TR Only Other

Explain Other _____

Student Signature _____ Date _____

FOR OFFICE USE ONLY:

Approved _____ Disapproved _____ Notified: mail e-mail phone in person

Authorized Student Services Signature _____ Date _____