

CHAPEL ATTENDANCE: REQUEST FOR SPECIAL CONSIDERATION

Please Note: Students with scheduling conflicts due to a **practicum** are not required to submit this form. Instead, please ask your faculty supervisor to email us with a description of the practicum and which chapels you will not be able to attend.

Name: _____ Class/Year: _____ Course Load: _____ hrs

Housing Situation: On-Campus Off-Campus (If off-campus, distance of commute: _____ miles)

Semester Requesting*: _____ Has a previous consideration been granted for this same situation? _____

*This request only applies to this semester. A new request is required for each additional semester.

Please mark the hours for which you have classes scheduled on M/W/F:

Monday	Wednesday	Friday
<input type="checkbox"/> 8:00	<input type="checkbox"/> 8:00	<input type="checkbox"/> 8:00
<input type="checkbox"/> 9:00	<input type="checkbox"/> 9:00	<input type="checkbox"/> 9:00
----- CHAPEL -----	----- CHAPEL -----	----- CHAPEL -----
<input type="checkbox"/> 11:00	<input type="checkbox"/> 11:00	<input type="checkbox"/> 11:00
<input type="checkbox"/> 12:00	<input type="checkbox"/> 12:00	<input type="checkbox"/> 12:00
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00
<input type="checkbox"/> 2:00	<input type="checkbox"/> 2:00	<input type="checkbox"/> 2:00
<input type="checkbox"/> 3:00	<input type="checkbox"/> 3:00	<input type="checkbox"/> 3:00
<input type="checkbox"/> 4:00	<input type="checkbox"/> 4:00	<input type="checkbox"/> 4:00

Work Schedule on M/W/F (if applicable):

Monday	Wednesday	Friday

Employer/Company: _____

Name of Supervisor: _____ / Employer's Phone #: _____

If you are requesting exemption from chapel due to a job conflict, please have your supervisor submit verification of your schedule for the date range covered by this semester. Please have this sent to Greg Haseloff via mail (Office of Campus Ministry, 1 Macklem Drive, Wilmore, KY 40390), by fax (859-858-3921), or via email (ChapelAttendance@asbury.edu).

Please provide any additional relevant information you wish to have considered regarding this request (e.g., marital situation, child care needs, physical restrictions, transportation, etc.):

By signing, I certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for special consideration.

Signature of Applicant

Date

Request Approved

Request Disapproved**

Signature of Approver/Disapproval

Date

**Reason for Disapproval (if applicable):