

Student Information:

Full Name: _____ **ID#:** _____

Signature: _____ **Date:** _____

Reason for Watching Chapel Online

- Illness* Off-Campus Work Schedule Conflict***
- All Courses are Online** Commuting Student (w/o class before or after chapel) **
- Child Care Other: _____

**Signature of Resident Director Below*

***Signature of Registrar Below (Class schedule verification only.)*

**** Signature of Work Supervisor Below*

Supervising Signature

(Supervisor, Resident Director, Registrar, etc.)

Print Sign Date

Relevant Supporting Information

Start Date for Absent Period: _____ **End Date:** _____

Days of Week You Will be Absent: _____

How do you plan to earn your chapel credit online? (Check as many that apply.)

- Chapel Livestream
- Bible Project Podcast
- Sermon Archives

For Office Use Only

Date Received:

Date Approved:

If you have any questions or need any further clarification, contact the Worship Chaplain at LEmerson@JohnsonU.edu.

