

Request for
PERMANENT CHAPEL EXCUSE
Harding University

To be valid, this form must be correctly completed and turned in to the Office of Student Life in a timely manner.

Date: _____ Harding ID Number: _____ Name: _____

I want to be excused from Chapel on the following days (no more than 3 days will be granted):

M _____ T _____ W _____ R _____ F _____

I want to be excused from Chapel for:

Distance: (Address) _____

Internship: (company) _____ Work: (company) _____

If for internship/work: Date of Hire: ____/____/____

Hours: From: To:

Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Employer's name (please print): _____

Employer's signature: _____

***Employer will notify us of any changes in their schedule (including extra days needed besides those indicated).**

Name of Business: _____

Address of Business: _____

Business Phone: _____ Employer's e-mail address: _____

# Days Excused	# Unexcused Allowed
1	12
2	9
3	6

I understand that my being excused from Chapel limits the number of unexcused absences I may use during this semester. I understand and agree that should I exceed my new limit, I may be subject to disciplinary action as set forth in the Student Handbook.

Student Signature: _____