



# BETHEL COLLEGE

*“Equipping the Body for Ministry” Eph. 4:11, 12*

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Name: \_\_\_\_\_

Period: \_\_\_\_\_

Status (circle one):    Full-time                      Part-time                      Audit

Number of chapel services you are able to attend: \_\_\_\_\_

Below, please indicate the dates of the chapel services you are unable to attend, along with the reason for each.

CHAPEL DATE	REASON UNABLE TO ATTEND

I certify that I am unable to fulfill my chapel requirements for the specified period due to the reasons listed above. I am thereby requesting exemption from the full chapel requirement. I agree to attend \_\_\_\_\_ chapel service(s) instead.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

I approve the exemption of the above student from chapel for the time period specified above. I agree that they will attend \_\_\_\_\_ chapel service(s) instead.

\_\_\_\_\_  
Approval Signature