

DEPARTMENT OF SPIRITUAL FORMATION



Chapel Petition Form

(Staff/Faculty version)

Petition Form **MUST** be turned in to the Chapel Office before the add/drop date on SEU's academic calendar.

First Name: _____ Last Name: _____ ID#: _____

Department: _____ Phone Number: _____

Class Name: _____ Course Code: _____

SEU e-mail _____

Reason for Chapel Petition:

- Academic Related Requirements
- Off-campus Retreat (**MUST** be a course requirement)

Please describe event in detail:

List of student(s): If form is not sufficient for the amount of students requested please email the following information to chapelcredits@seu.edu (students first & last name, student ID#)

First & Last Name: _____ ID#: _____

First & Last Name: _____ ID#: _____

First & Last Name: _____ ID#: _____

First & Last Name: _____ ID#: _____

First & Last Name: _____ ID#: _____

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Dates requesting approval for **TEMPORARY** excusal only: _____

Staff/Faculty Signature: _____ Date: _____

Chapel Office information:

Hollie Jo Eads

DSF Coordinator/Chapel Office

Bldg. Pansler 2nd floor Rm. U232

863.667.5130. chapelcredits@seu.edu

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[Office Use Only]

Date Received:

Approved / Denied

Initials:

Chapel Credits Approved: