

# 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](mailto: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 2<sup>nd</sup> floor Rm. U232*

*863.667.5130. chapelcredits@seu.edu*

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**[Office Use Only]**

Date Received:

Approved / Denied

Initials:

Chapel Credits Approved: