



*Graduate School of Theology and Missions*  
**Chapel Excuse Form**

Name: \_\_\_\_\_ Z#: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Absence Date: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Absence:

NOTE: ALL EXCUSES MUST BE VERIFIED BY LETTERHEAD FROM YOUR EMPLOYER, DOCTOR'S OFFICE OR OTHER APPOINTMENTS; BE SPECIFIC. ALL PORTIONS OF THE FORM MUST BE FILLED OUT COMPLETELY AND SUBMITTED TO THE APPROPRIATE STUDENT DEVELOPMENT OFFICE **WITHIN 48 HOURS AFTER ABSENCE..**

<b>For Official Use Only:</b> <i>Approved</i> _____ <i>Disapproved</i> _____ <i>Date:</i> _____
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