

Convo/Chapel Exemption/Reduction Request

ID _____ Name _____ Date _____

Year _____ Term _____

☐ Exemption

☐ Reduction – reduce to _____ attendances

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☐ I live off campus and my first class on Wednesday begins after 12:00 noon

Earliest class Wednesday \_\_\_\_\_

☐ I'm in at least my ninth full time semester

☐ I am a parent with children at home (permanent exemption)

☐ I have an approved practicum or internship

Hours \_\_\_\_\_

Adviser \_\_\_\_\_

☐ Office has confirmed with adviser

**For office use**

☐ Confirmed

☐ Processed