



In-Person Exemption Request Form

Students who receive in-person exemptions are still required to interact with one Chapel service each week. Students must interact with a minimum of ten chapel services to receive a passing credit. A student may do this in one of two ways:

1. Submission of ten (10) virtual chapel reflections.
2. Submission of five (5) virtual chapel reflections and five (5) SFO interactions.

The Student Services department recognizes that some students find themselves in circumstances that require a reduction in chapel requirements due to scheduling conflicts. Students who meet one of the criteria listed in "Circumstance A" may request an in-person exemption. These students must reflect on one chapel service per week through the provided Google Document. Students are allowed no more than four (4) missing chapel requirements per semester.

The Student Services department also recognizes that due to the COVID-19 pandemic, in-person gatherings are unsafe for some students. We recognize and support the need to provide accommodations for students who are vulnerable to COVID-19 or students who lived with individuals who are vulnerable to COVID-19. Students who meet one of the criteria listed in "Circumstance B" may request an exemption for in-person chapel gatherings. These students are still required to interact with one chapel service each week through the provided Google Document. Students are allowed no more than four (4) missing chapel requirements per semester.

**PLEASE RETURN TO KCU CAMPUS MINISTER OFFICE (Just off 2nd Floor Lusby Lobby)
NO LATER THAN AUGUST 28.**

Date Request was made _____

Student Name _____ Student ID# _____

Circumstance A: *Check One Please.*

- Commuting:** No classes on Chapel day. I need to still be at one chapel per week. PLEASE ATTACH A COPY OF YOUR CLASS SCHEDULE TO THIS FORM.
- Nursing Clinicals:** PLEASE ATTACH A COPY OF YOUR CLASS SCHEDULE TO THIS FORM.
- Off-Campus Class during Chapel hour:** Official copy of schedule from institution attending required; please attach to this form.
- Care for dependent child.**
- Job:** Documentation form employer required; please attach to this form.
- Other:** Please specify: _____

Circumstance B: *Check One Please.*

(Doctor's Note Required for Health Issues)

- Chronic lung disease or moderate to severe asthma.
- Serious heart conditions.
- Immuno-compromised (e.g. cancer treatment, bone marrow/transplant, immunodeficiencies, prolonged use of steroids, or immune-weakening medication)
- Severe Obesity (BMI 40 or higher).
- Diabetes.
- Chronic Kidney Disease or undergoing dialysis.
- Liver disease.
- Living with someone who suffers from one of the above.

Student Signature _____

Campus Minister Signature _____ Approved: _____ Denied: _____

VP of Student Services Signature: _____ Approved: _____ Denied: _____

