

INTERNSHIP/PRACTICUM CHAPEL EXCUSE FORM

NAME: _____ PHONE/EXT # _____

I.D. # _____

PLACE OF INTERNSHIP, CONTACT PERSON, & PHONE # _____

DAYS & TIMES OF INTERNSHIP: _____

STARTING DATE: _____ ENDING DATE: _____

This portion is to be filled in by the professor overseeing the internship/practicum
PLEASE BRIEFLY STATE THE CIRCUMSTANCES RELATED TO THIS
INTERNSHIP/PRACTICUM THAT NECESSIATES MISSING CHAPEL

PROFESSOR'S SIGNATURE: _____

PROFESSOR'S EXTENSION: _____

**A NEW FORM MUST BE FILLED OUT FOR EACH SEMESTER and FOR EACH
INTERNSHIP/PRACTICUM**