



## ALTERNATIVE /DEPARTMENT CHAPEL CREDIT APPROVAL FORM

This form is to be completed no less than one week prior to event and submitted for approval to the Student Development Associate Dean, Dr. Ann Hamilton, in the Student Services Building.

**All chapels must be in line with the Chapel Mission Statement**

### Chapel Mission Statement

*“Chapel brings together the Biola community for a directed time of worship and instruction, focused on developing mature disciples of Jesus Christ.”*

In order to receive chapel credit, the proposed program must meet the following criteria:

- Align with the chapel mission statement
- Be a minimum of 45 minutes in length
- Focus on a target audience of at least 30 students (advertisement exposure to 100 students)
- Be an open program, available to all Biola undergraduates students interested in attending the program

Name: \_\_\_\_\_

Phone Number: (     ) \_\_\_\_\_

Department/Hall/Club: \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Date(s): \_\_\_\_\_

Program Time: \_\_\_\_\_

Program Location: \_\_\_\_\_

### *Office Use Only*

Date Received: \_\_\_\_\_

Notes: \_\_\_\_\_

Considering the Chapel Mission Statement, what is the justification for receiving chapel credit for this particular program?

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Program Goal/Purpose Statement:

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Program Format Outline:

- Specifically state the people and activities involved as well as the time frame. A minimum of 45 minutes of content is required.

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Means of Program Publicity (minimum exposure to 100 people):

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Target Audience (minimum 30 people in attendance?):

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Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Card Reader Information:**

- Lists of names and ID numbers are not accepted unless card readers malfunction.
- Please pick up the card reader(s) from the Chapel Accountability or Receptionist Front Desk on the day of the event. You will be trained on how to operate them.
- Please use discretion when considering how they are used and who uses them.
- **Card readers must be returned by 8:30 am the next morning.**  
(You are responsible for any damage that may occur with card readers)

*You will receive a call from the Chapel Accountability office to inform you of whether or not this program will be approved for chapel credit. If you have any further questions, please call extension 5830.*

**APPROVAL:**

I have reviewed the information in this form and hereby give my approval to the above stated activity.

\_\_\_\_\_  
Dr. Ann Hamilton  
Associate Dean, Student Development

\_\_\_\_\_  
Date