



**BIOLA**  
UNIVERSITY

*Office of Spiritual Development  
In conjunction with Chapel Accountability*

**ALTERNATIVE /DEPARTMENT CHAPEL APPROVAL FORM**

This form is to be completed no less than **one week prior to event**  
And submitted for approval to the *Office of Chapel Accountability*,  
located in the Student Services Building.

**Alternate Chapel Vision Statement**

*“Alternate chapels are an opportunity for the Biola community to facilitate directed times of worship and instruction, responding to God through prayer and reflection, outside of the already scheduled chapel programs.”*

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

- Align with Alternate Chapel Vision statement
- This includes some time of prayer/response/or expression of praise or worship that allows students to respond to God. *(This is an important part of the alternate chapel vision, and so we ask you to describe this in aspect of the chapel in detail below. We would be glad to help you imagine or create this part of the service in a way that would fulfill the alternate chapel vision.)*
- Be an open program, available to all 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 Alternate Chapel Vision 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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- Describe in detail the particular ways in which you will allow students to respond to God during this time. This could be: a focused time of prayer (group or individual), some expression of praise or worship (musical, artistic, kinetic, etc.), or reflection before the Holy Spirit (questions or prompts).

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Target Audience (who specifically are you reaching out to?):

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

**Scanner Information:**

- Lists of names and ID numbers are **NOT** accepted unless card readers malfunction.
- **Card readers MUST be returned IMMEDIATELY FOLLOWING your event.**

**(You are responsible for any damage that may occur with card readers)**

*Chapel Accountability office will email you to inform you of whether or not your program will be approved for chapel credit & will coordinate with you about picking up the scanners.  
If you have any further questions, please call x3854.*

**APPROVAL:**

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

\_\_\_\_\_  
Jonathan Wyatt  
Chapel Accountability Coordinator

\_\_\_\_\_  
Date