



Jacob Shockey • Campus Minister

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# In-Person Exemption Request Form

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.

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.

All students who are granted chapel exemption for a given semester are encouraged to view chapel services online and be involved with a KCU Life Group. More information can be found at <https://www.kcu.edu/student-life/spiritual-life/>

**PLEASE RETURN TO KCU CAMPUS MINISTER OFFICE (Just off Chapel lobby)**

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: \_\_\_\_\_



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