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Application for University Chapel

Appendix

Applicant's Details			
Department/ Office/ Organization:		(With official chop)	
Person in Charge:		Staff/ Student No:	
Signature of Applicant:		Contact Number:	
Email:			

Booking Details		
Date	Time	Purpose (Please in details)

FOR CHAPLAIN'S OFFICE USE ONLY

Booking is approved/ not approved.

Remarks: _____

Signature of Chaplain's Office

Date