

PETITION RELATIVE TO UNDERGRADUATE REQUIREMENTS IN THE SCHOOL OF MUSIC

To be completed by the STUDENT:

1. Name (print): _____ Student ID#: _____

Email address: _____ Phone #: _____

Degree Program:

- | | | |
|---|---|---|
| <input type="checkbox"/> B.Mus. – Composition | <input type="checkbox"/> B.A. – Hist./Lit | <input type="checkbox"/> Music Studies Minor |
| <input type="checkbox"/> B.Mus. – Jazz Studies | <input type="checkbox"/> B.A. – Music Theory | <input type="checkbox"/> Music Technology Minor |
| <input type="checkbox"/> B.Mus. – Performance | <input type="checkbox"/> B.S. – Music Technology | |
| <input type="checkbox"/> B.M.M.E. – Mus. Ed.- <i>Choral/General</i> | <input type="checkbox"/> B.A/B.S. – General Music | |
| <input type="checkbox"/> B.M.M.E. – Mus. Ed.- <i>Instrumental</i> | <input type="checkbox"/> B.A/B.S. – Popular Music Studies | |

Primary Performance medium:

- | | | | | |
|-----------------------------------|---------------------------------|--|---|---|
| <input type="checkbox"/> Bass | <input type="checkbox"/> Flute | <input type="checkbox"/> Oboe | <input type="checkbox"/> Saxophone | <input type="checkbox"/> Viola |
| <input type="checkbox"/> Bassoon | <input type="checkbox"/> Guitar | <input type="checkbox"/> Organ/Harpsichord | <input type="checkbox"/> Trombone | <input type="checkbox"/> Violin |
| <input type="checkbox"/> Cello | <input type="checkbox"/> Harp | <input type="checkbox"/> Percussion | <input type="checkbox"/> Trumpet | <input type="checkbox"/> Voice |
| <input type="checkbox"/> Clarinet | <input type="checkbox"/> Horn | <input type="checkbox"/> Piano | <input type="checkbox"/> Tuba/Euphonium | <input type="checkbox"/> Other (specify): |

- State your request for exceptional procedures:

- Obtain the appropriate faculty support (**REQUIRED**) – *see below*.
- Support your petition by attaching (1) a thoroughly prepared statement justifying your request for an exception and (2) a print-out or copy of pertinent transcripts.
- Sign below and submit the completed form to the Undergraduate Office. You will receive written notification of the Undergraduate Committee’s decision.

Student’s Signature / Date

To be completed by the Faculty supporter:

State your recommendation regarding this petition. Continue on back, if necessary.

NB: For petitions addressing core requirements, this should be the Associate Dean. For petitions addressing specific program requirements, this must be a member of the faculty in that area of specialty, even if the student has not yet officially entered the particular degree program.

Faculty Signature / Faculty Printed Name

To be completed by the DIRECTOR OF UNDERGRADUATE STUDIES:

Approval Denial Approval with the following conditions: _____

Director of Undergraduate Studies / Date

To be completed by the UNDERGRADUATE OFFICE:

Written notification to student on: _____ (date) by: _____ (initials)

DARS exception requested on: _____ (date) by: _____ (initials) **OR**

Banner registration override done on: _____ (date) by: _____ (initials)

Date Received: