SCHOOL OF MUSIC

Standards Committee Petition

Name _____ Student I.D. ____ - ____ - ____ Date _____

Address _____ City _____ St. ___ Zip _____

Have you filed a degree Plan: Yes No Graduate Date _____

Degree: BM MA MM Certification: All-Level Instrument: _____

Credit hours: Completed _____ In Progress _____ Projected hrs. at graduation _____

Current GPA _____ Catalogue under which student intends to graduate: _____

E-mail Address: _____

Degree Requirement/Regulation to be amended:

Explain the specific reason for the petition:

[Important: Attach a current transcript and supporting documents, if any, to this petition.]

Required Signatures:

1. _____ Date _____ ____ Approve _____ Disapprove
   [Faculty Advisor]
   Comments:

2. _____ Date _____ ____ Approve _____ Disapprove
   [Studio Teacher**]
   Comments:

3. _____ Date _____ ____ Approve _____ Disapprove
   Standards Committee
   Department Chair

Return for more information _____

Copies: ___ Student File ___ Dean ___ Student ___ Advisor

** If the petition involves applied instruction.