PETITION

WILLAMETTE UNIVERSITY DEPARTMENT OF

MUSIC

Date _____

_____ _____ _____ _____

Name Box No. Telephone Email address

_____ _____ _____

Degree and Major Principal Instrument Advisor

I hereby petition that I be allowed to *(check and complete as appropriate:)*

◉ Apply the following course toward fulfilling the graduation requirement _____

_____ _____ _____ _____

Subject *Number* *Title* *Instructor*

○ Other: _ _ _ _ _ _ _ _ _ _ _ _

_____

_____

_____

_____

Schedule of Classes for _____Semester

Subject	No.	Title	Instructor	Credit

Relevant information, reasons, etc.: Include an unofficial transcript.

_____

_____

_____

SIGNATURES: To the signers -please complete the following:

I have read the above and any attachments, and my position toward the petition is indicated in the box below.

Signature	Favorable	Neutral	Opposed
_____ Academic Advisor	○	○	○
_____ Instructor	○	○	○
_____ Instructor	○	○	○

COMMITTEE ACTION:

This petition has been:

○ granted ○ denied ○ other (see note)

Date: _____

Chair: _____

CC: Music Office
Chair
Student