

UW SCHOOL OF MUSIC

PETITION FOR EXEMPTION FROM ENSEMBLE REQUIREMENT

Name _____ Date _____

Major/Division _____ Degree _____

Quarter/Year exemption requested _____

Do you hold a School of Music scholarship? _____

Reason for exemption request:

In order for this request to be accepted, all signatures below must be complete. Exemptions are valid for one quarter. Please return to Advising no later than the third week of the quarter.

Student Signature _____ Date _____

Studio Faculty Signature _____ Date _____

Approve exemption? Yes No

Ensemble Director Signature _____ Date _____

Approve exemption? Yes No

Associate Director of SoM Signature _____ Date _____

Approve exemption? Yes No