

UNIVERSITY OF RHODE ISLAND
Department of Music
STUDENT PETITION FORM – WAIVE REQUIREMENT

Student Name: _____ Date: _____

Degree Sought: _____ Anticipated graduation semester/year _____ / _____

Instructions: Please print clearly

1. Please fill out all information in detail as clearly and accurately as possible. You must discuss and fill out your petition form with your advisor.
2. Your advisor's signature with a recommendation is required.
3. The Undergraduate Curriculum and Academic Standards Committee (UCAS) will review and make a decision on your petition. (Unclear, incomplete or unsigned forms will be returned.)
4. Chair of the Department of Music reviews and makes a final decision.

I desire to petition the Department of Music Faculty as follows:

TO WAIVE THE REQUIREMENT BELOW:

(Indicate Fall/Spring and year for each semester requested)

Major Ensemble _____ **Semester(s)** _____

Chamber Ensemble _____ **Semester(s)** _____

Convocation (MUS 300) _____ **Semester(s)** _____

Other _____ **Semester(s)** _____

REASON FOR PETITION (Check one of the following):

_____ Transfer from institution that did not offer this course Semester/year of transfer _____

_____ Change of Major Semester/year of change of major _____

_____ Class conflict because of an additional major Semester/year of additional major _____

Additional Major: _____

Other (Include how you have met the requirement thus far): _____

URI ID# _____ Email (URI only): _____

Permanent Address: _____

City/Town: _____ State: _____ Zip: _____

Signature: _____ Phone Number: _____

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**OFFICE USE ONLY**

Faculty Advisor: Recommend \_\_\_\_\_ Not Recommend \_\_\_\_\_ Signature: \_\_\_\_\_

Advisor's Remarks: \_\_\_\_\_ Date: \_\_\_\_\_

UCAS Committee Decision: Approved \_\_\_\_\_ Not Approved \_\_\_\_\_ Date: \_\_\_\_\_

UCAS Chair: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Chair: Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

Waive a Requirement