

UNIVERSITY OF RHODE ISLAND
Department of Music
STUDENT PETITION FORM – ZERO CREDIT

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 have the following ensemble, taken for zero credit, count towards my degree requirements provided the final grade is a D or better.

Name of Ensemble: _____

Major Ensemble _____ **or Chamber Ensemble** _____

Semester(s) Enrolled: _____ **Primary Applied Instrument:** _____

Reason for Petition:

Credit Overload: _____

Other: _____

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: \_\_\_\_\_

Zero Credit