DEPARTMENT OF MUSIC AND DANCE
Request for Eleventh and Twelfth Semester Permission

Please type or print clearly.

I. Student information (to be completed by the student)

Name ______________________________________ Student # ___________________ Class Year ______

Degree Program  BM/BA (circle) in _____________________________ Field of Concentration

II. Request (to be completed by the student)

I hereby request an extension of _____________ semesters for completion of my undergraduate degree.

Justification:

III. Plan for completing the degree. (Student and advisor should list all remaining courses required for graduation.)

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IV. Signatures

____________________________________________________  ______________
__________________________  Date
Student

__________________________  Date
Applied Teacher

__________________________  Date
Area Advisor

__________________________  Date
Chief Undergraduate Advisor

V. Form must be submitted to a College of Humanities and Fine Arts Dean of Advising who will consider the request.