



# ACADEMIC PETITION FORM

Please submit this form to [muadvise@louisville.edu](mailto:muadvise@louisville.edu) in digital format or to the "Student Form Drop Box" in the School of Music Office as a physical copy.

PLEASE SELECT THE APPROPRIATE COMMITTEE

☐ Undergraduate Studies

☐ Graduate Studies

STUDENT NAME \_\_\_\_\_

STUDENT ID \_\_\_\_\_

STUDENT EMAIL ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DEGREE PROGRAM \_\_\_\_\_

## PETITION TYPE:

☐ Late Add/Drop

☐ Waiver of Requirement for Advanced Standing

☐ Course Substitution in Degree Program

☐ Waiver of Requirement for Course Prerequisites

☐ Waiver of Degree Requirement

☐ If Other, Please Specify: \_\_\_\_\_

## COURSE(S) INVOLVED IN REQUEST:

Class Number	Subject	Course Number	Section	Semester	Instructor	Action Required
<i>Example</i>	<i>MUS</i>	<i>109</i>	<i>01</i>	<i>Fall 2022</i>	<i>Kimcherie Lloyd</i>	<i>Add</i>

TOTAL SEMESTER HOURS IF PETITION IS APPROVED: \_\_\_\_\_

In the space below, please explain your situation and your reasons for requesting an exception. Attach all pertinent documentation in support of your request. In addition, have all involved instructors complete the *Academic Petition Instructor Remarks* form.

What exception are you requesting?

Please describe the situation in detail.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## \*\*\*For Committee Use Only\*\*\*

☐ Approved

☐ Denied

☐ Deferred

REPORTED BY \_\_\_\_\_

DATE \_\_\_\_\_



# NOTICE OF PETITION/REQUEST FOR INSTRUCTOR REMARKS

Instruction to Student:

Please email this form to each instructor listed on academic petition form.

The student named below has submitted a petition to the School of Music Undergraduate or Graduate Studies Committee. The instructor should submit this form directly to [muadvise@louisville.edu](mailto:muadvise@louisville.edu) in digital format or to the "Student Form Drop Box" in the School of Music Office as a physical copy.

## TO BE COMPLETED BY STUDENT:

STUDENT NAME \_\_\_\_\_

STUDENT ID \_\_\_\_\_

COURSE \_\_\_\_\_

TERM \_\_\_\_\_

## REQUEST FOR A WAIVER OF DEADLINE TO:

☐

Add

☐

Withdraw

☐

Other: \_\_\_\_\_

INSTRUCTOR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

## TO BE COMPLETED BY INSTRUCTOR:

Your immediate response is requested. Committee action on a petition may be delayed if your response is missing. Please be sure to complete all three sections before signing. Thank you for your assistance in this matter.

*Note: This form will be made part of the student's official academic file.*

1. STUDENT'S ATTENDANCE: \_\_\_\_\_

2. STUDENT'S PERFORMANCE/GRADE IN COURSE: \_\_\_\_\_

3. COMMENTS ON THE REQUESTED ACTION:

*Leaving this space blank or simply inserting a "yes" or a "no" is NOT an adequate response.*

INSTRUCTOR NAME: \_\_\_\_\_

DATE: \_\_\_\_\_