

**PETITION TO WAIVE ENSEMBLE REQUIREMENT**

**DATE:**

**TO:** Chair, Department of Music

**FROM:** \_\_\_\_\_  
Student's Name

I request that you waive the ensemble requirement for the \_\_\_\_\_ semester \_\_\_\_\_.

My reasons for this request are provided below. I understand that this waiver covers only the above time period. I will fully participate in an ensemble if I am chosen to receive private instrumental or vocal instruction in the following or another semester.

Additional Information: (Please explain the reason for this request)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature and Date

\_\_\_ Yes Chair, Department of Music \_\_\_\_\_  
\_\_\_ No Signature

\_\_\_ Yes Coordinator, Vocal or Instrumental Area \_\_\_\_\_  
\_\_\_ No Signature

\_\_\_ Yes Ensemble Director \_\_\_\_\_  
\_\_\_ No Signature