Petition to BSU Music Faculty

 *Petition must be typed*

  Date

Name Student ID#

Street City/State/Zip

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Major Instrument/Voice

Year in School GPA (include transcript with petition)

Please use the space below to describe what you are petitioning and a proposed solution:

(continue on back if necessary)

Student Signature Advisor Signature

DATE RECEIVED: