PETITION FORM
LAWRENCE UNIVERSITY CONSERVATORY

TO: Conservatory Bachelor of Arts in Music Committee DATE:_____

PETITION:

REMARKS: (Please use reverse side for additional remarks.)

Respectfully submitted,

(STUDENT)_____

CAMPUS ADDRESS_____CLASS_____

REMARKS:_____

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_____ _____ _____
Date Advisor Name (please print) Signature

REMARKS:_____

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_____ _____ _____
Date Instructor/Department Chair Name (please print) Signature

ACTION:_____

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CBAMC/10/07