

Lawrence University
STRING DEPARTMENT ACADEMIC PETITION

To: The String Department

Date:

Action Requested:

Basis for Request: (Please attach additional sheets if needed)

Respectfully submitted,

Student signature

Student name (please print)

ADVISOR REMARKS

Date

Advisor Name (please print)

Signature

INSTRUCTOR REMARKS

OFFICE USE ONLY
ACTION:

Date

Instructor Name (please print)

Signature

OFFICE USE ONLY
ACTION: