



**LESSONS CO-REQUISITE – EXEMPTION REQUEST
FALL 2017 / SPRING 2018**

NAME: _____ ID# _____
(LAST NAME) (FIRST NAME) (M.I.) (INCLUDE ALL LEADING ZEROS)

TEL. # _____ DEGREE OPTION: _____
(INCLUDE AREA CODE)

EMAIL ADDRESS: _____ @ _____ DATE: _____
THE DECISION WILL BE SENT TO YOUR EMAIL ADDRESS ONCE PROCESSED. PLEASE CHECK IT REGULARLY.

HAVE YOU APPLIED FOR GRADUATION? YES NO
(IF YES, EXPECTED GRADUATION DATE) FALL _____ SPRING _____ SUMMER _____

WILL ENROLL IN THE FOLLOWING LESSONS FOR SPRING 2018/FALL 2018: MUS _____

PRIVATE LESSONS INSTRUCTOR: _____

REQUESTNG (Check all that apply):

- _____ 1 UNIT OF ESSEMBLE FOR THIS SEMESTER
- _____ NO ENSEMBLE ENROLLMENT FOR THIS SEMESTER
- _____ LESS THAN 12 UNITS OF ENROLLMENT AT CSUN FOR THIS SEMESTER

Are you currently receiving financial aid or a scholarship? YES _____ NO _____
Are you required to be full-time by the above, or your health insurance, car insurance or other? YES _____ NO _____

REASONS FOR REQUESTING EXEMPTION (Check all that apply):

- CURRENTLY ENROLLED AT ANOTHER COLLEGE
(Please attach unofficial transcript showing your enrollment)
- FINAL SEMESTER OF: LESSONS ENSEMBLES
- FINAL SEMESTER AT CSUN, ONLY NEED _____ UNITS TO GRADUATE
- CANNOT ENROLL IN ALL REMAINING REQUIREMENTS DUE TO COURSE ROTATION, please explain:

- OTHER REASONS, please explain (attach additional sheets if necessary): _____

Student's signature: _____ *Date:* _____

-For Music Department use only – DO NOT SUBMIT THIS FORM TO THE ADMISSIONS AND RECORDS OFFICE –

	<i>Apprv</i>	<i>Deny</i>	<i>Date</i>		<i>Apprv</i>	<i>Deny</i>	<i>Date</i>
<i>Area Coordinator's Signature</i>				<i>Department Chair's Signature</i>			

Comments: _____

	<i>Apprv</i>	<i>Deny</i>	<i>Date</i>		<i>Apprv</i>	<i>Deny</i>	<i>Date</i>
<i>Area Coordinator's Signature</i>				<i>Department Chair's Signature</i>			