



**LESSONS CO-REQUISITE – EXEMPTION REQUEST
FALL 2020/SPRING 2021**

NAME: _____ ID# _____
(LAST NAME) (FIRST NAME) (M.I.)

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 FALL 2020/SPRING 2021: MUS _____

PRIVATE LESSONS INSTRUCTOR: _____

REQUESTING (Check all that apply):

_____ 1 UNIT OF ENSEMBLE FOR THIS SEMESTER _____ NO LESSONS 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: _____

