PERMISSION FOR SCHEDULING CONFLICTS
BETWEEN MUSIC REHEARSALS AND ACADEMIC CLASSES

Student: Please fill in the following blanks and submit the form to your instructor. We will sign-off on the form and send it to the Registrar's Office. Thanks.

I, _____(ensemble director name) , give permission to _____ (student) to miss a portion of my ensemble rehearsal due to overlapping scheduling conflicts for the following course _____ (course prefix, section number and title) for the following semester _____ .

_____ (Student Name) Date: _____

_____ (Ensemble Director Name) Date: _____

_____ (Division Chair Name) Date: _____