



**MANHATTAN  
SCHOOL OF MUSIC**

# General Petition

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email: \_\_\_\_\_

Major: (circle one) Classical / Jazz / Orch. Performance Instrument: \_\_\_\_\_

Degree: (circle one) Bachelor - Master - Professional Studies - Doctoral - Artist Diploma

**This form may be used for the following items; please circle one:**

- |                                  |                                 |                      |
|----------------------------------|---------------------------------|----------------------|
| Recital Extension / Cancellation | Concert Attendance Verification | Visa issues          |
| Class Substitutions              | Class Withdrawal                | Permission to Enroll |
| Family Emergency                 | Extended Illness                | Jury Postponement    |
| Other: _____                     |                                 |                      |

Please use the space below to give specific details and reasons for your request. Continue on the back of this form if necessary. Please be concise and print legibly.

## Signatures

\_\_\_\_\_  
Major Teacher/Course Instructor signature & comments

\_\_\_\_\_  
Department Chair signature & comments

\_\_\_\_\_  
International Student Advisor's signature (for International Students ONLY)

\_\_\_\_\_  
RECITAL ISSUES ONLY: Scheduling Department Signature. Recitals scheduled on campus must be cancelled first.

Action Taken: Granted \_\_\_\_\_ Not Granted \_\_\_\_\_

\_\_\_\_\_  
Vice President for Academics and Performance / Registrar

Date \_\_\_\_\_

**RETURN THIS FORM TO**  
Manhattan School of Music  
Office of the Registrar Room 116  
120 Claremont Ave  
New York, NY 10027-4698