

The University of Kansas  
School of Fine Arts  
**Undergraduate Student Petition**

TO: Chair of the Committee on UG Studies (CUS for **A&D**), SFA UG Director, 450 MUR  
or  
TO: Chair of the Committee on UG Studies (CUS for **M&D**), inquire in 460 MUR

FROM:

\_\_\_\_\_  
(Student's full name) (KUID/PSID #) (Level)

\_\_\_\_\_  
(Street address) (City) (State) (Zip)

\_\_\_\_\_  
(Telephone) (Email address)

\_\_\_\_\_  
(Degree pursued) (Student's Department)

**If doing a course substitution request fill out this section and attach a course description from a university catalog and/or a course syllabus.**

Dept. (e.g.)	number	title	credit hrs.	when taken	institution
PH	105	Physics	(5)	Fall 2001	Acme State U.

**for** (the following required course at KU)

Dept. (e.g.)	number	title	credit hrs.
PHSX	114	College Physics	(5)

The substitution is part of: (Please check all that apply)  Teacher Education Program (UG; ME,VAE)

General Education Requirements  Teacher Education Program (GCP; ME,VAE)

Professional Education Coursework  Music Therapy Program

Major in: \_\_\_\_\_  Minor in: \_\_\_\_\_

**INSTRUCTIONS:** Briefly describe what you wish approved and give the rationale for your request. You may attach additional information and supporting letters if necessary. It is your responsibility to obtain departmental and advisor recommendations on your petition.

**Advisor's recommendation**

Approve \_\_\_\_\_ Deny \_\_\_\_\_

_____ (Advisor's signature)	_____ (Date)

*Advisor: Send form to Division Director.*

**Division Director's/Area's recommendation (if same as advisor sign in both capacities)** Approve \_\_\_\_\_ Deny \_\_\_\_\_

_____ (Director/Area signature)	_____ (Date)

*Division Director/Area: Send form to appropriate Department Office Staff for processing.*

**Department Office Staff**

Approve \_\_\_\_\_ Deny \_\_\_\_\_

<p><i>Copy form for DEPT student file located in (A&amp;D - 300 A&amp;D, M&amp;D - 460 MUR; MEMT - 448 MUR) <u>and</u> send original on to: CUS chair (<b><u>all except MEMT and VAE</u></b>).</i></p> <p><i>Music Education and Visual Arts Education must be sent to: Alisa Branham, Director Student Services, 211 JRP.</i></p> <p><i>Music Therapy must be sent to: Alicia Ann Clair, Director of Music Therapy, 448 MUR.</i></p>
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**Certification Officer's recommendation**

Approve \_\_\_\_\_ Deny \_\_\_\_\_

**(MEMT and VAE ONLY)**

_____ (Signature of Certification Officer) (when applicable) (MT) Alicia Ann Clair, Director MT, 448D Mur (ME & VAE) Alisa Branham, Director Stu. Services, 211 JRP	_____ (Date)

**ME Cert. Officer:** *Send to MEMT, 448 MUR (MEMT will copy for student file and send to CUS Chair)*

**VAE Cert. Officer:** *Send to A&D, 300 A&D (A&D will copy for student file and send to CUS Chair)*

**MT Cert. Officer:** *Send to MEMT, 448 MUR (MEMT will copy for student file and send to CUS Chair)*

**Action CUS**

Approve \_\_\_\_\_ Deny \_\_\_\_\_

_____ (CUS authorization)	_____ (Date)

*Chair of CUS: Send copy of form to UG Director, 450 Murphy*

**Action of UG Director of Fine Arts**

Approve \_\_\_\_\_ Deny \_\_\_\_\_

<p>Send copy of action to:</p> <p><input type="checkbox"/> Student</p> <p><input type="checkbox"/> A&amp;D, M&amp;D, or MEMT office as appropriate for department student file. (Department Office Staff will copy final approval for Chair if needed.)</p> <p><input type="checkbox"/> File final copy in SFA student file</p>
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