

Murray State University
Department of Music

**ADDITIONAL ENSEMBLE
PERMISSION REQUEST**

Date _____

For Which Semester? _____

Name _____

Instrument _____

M Number _____

Degree _____

I am enrolled in these ensembles:

1) _____

2) _____

3) _____

I wish to add: _____

Total credit hours for this semester: _____

Current Overall GPA _____
(Must be 3.0 or higher)

Student Signature

Applied Teacher's Signature

Date

Advisor's Signature

Date

Department Chair's Signature

Date