Northwestern University Bienen School of Music
Short Term Absence Request Form

REGULATIONS/INSTRUCTIONS

To be used when a student is requesting to miss 2+ class sessions. Attendance: Students are expected to attend all sessions of courses and ensembles for which they are registered. Students are responsible for complying with the attendance policy of their program, class instructors, and ensemble conductors. Performance activities such as auditions, special rehearsals or concerts, and special travel opportunities for performance off-campus are not an automatic excuse for non-attendance. Special arrangements must be made in advance for such occurrences. Excessive absence is cause for failure in a course. Private lessons missed by the student and private lessons falling on University holidays are not rescheduled.

PROCEDURE

1. Discuss the planned short term absence with your Applied Lesson/Faculty Advisor to obtain their signature.
2. Discuss and obtain signatures from all instructors, ensemble conductors, GA supervisors approving the absence.
3. Obtain your Program Assistant Director signature and the Assistant Dean for Admission, Financial Aid and Graduate Services’ signature. Submit the completed and signed form along to RCMA 2-115 along with either the letter of invitation or copy of program. This must be done BEFORE the short term absence is to occur.

STUDENT INFORMATION

Name ____________________________________________ NU I.D. __________

Degree program ___MM ___DMA ___PhD Dates Missed From _____ To _____

Reason for Absence __________________________________________________________

COURSE INFORMATION/PERMISSIONS

Course Name: __________________________________________________________

Instructor Name: __________________________________________________________ Signature __________

Course Name: __________________________________________________________

Instructor Name: __________________________________________________________ Signature __________

Course Name: __________________________________________________________

Instructor Name: __________________________________________________________ Signature __________

SIGNATURES

Student Signature ______________________________________ Applied Teacher/Faculty Advisor Signature __________

Program Assistant Director Signature __________________________ Assistant Dean Signature __________

OFFICE USE/APPROVAL

Date Submitted __________________________

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