



**AZUSA PACIFIC**  
UNIVERSITY

School of Music  
901 East Alostia Avenue  
PO Box 7000  
Azusa, CA 91702-7000  
USA

Web: [www.apu.edu/music/](http://www.apu.edu/music/)  
Email: [schoolofmusic@apu.edu](mailto:schoolofmusic@apu.edu)  
Phone: +1 (626) 815 - 3848  
Fax: +1 (626) 969 - 7419

## ARTIST CERTIFICATE PROGRAM Petition Form

Complete this form and submit it with all required items listed below. Please type or print clearly.

**Today's Date:** \_\_\_\_\_  
Month / Day / Year

**Instrument or Voice Type:** \_\_\_\_\_  
(Clarinet, Soprano, Piano, Violin, etc.)

**Name (as in passport):**

\_\_\_\_\_

Last (Family) Name

First (Given) Name

Middle

**Date of Birth:** \_\_\_\_\_  
Month / Day / Year

**Marital Status:** \_\_\_ Single \_\_\_ Married

**Country of Citizenship:** \_\_\_\_\_ **City / Country of Birth:** \_\_\_\_\_

**Residency (please check):**

\_\_\_ US (U.S. Citizen) \_\_\_ NR (Not a U.S. Resident) \_\_\_ PR (Permanent Resident of USA – green card)

\*If you are not a U.S. citizen or permanent resident of the U.S., you must complete additional forms from the International Center, in order to request an extension in the Artist Certificate Program. You can contact the International Center at either +1-626-812-3055 or [international@apu.edu](mailto:international@apu.edu).

**Current Mailing Address (required):**

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

State

ZIP (postal code)

Country

**Home Phone:** (\_\_\_\_) \_\_\_\_\_

**Cell phone:** (\_\_\_\_) \_\_\_\_\_

**Email:** \_\_\_\_\_

**First Semester in Program:** \_\_\_\_\_  
E.g. Spring/Fall 2011

**Semester of Completion:** \_\_\_\_\_  
E.g. Spring/Fall 2013

**Petition Applicable to (please check):**

\_\_\_ Fall-15 wk. (September) Year: \_\_\_\_\_  
\_\_\_ Spring-15 wk. (January)

**Request (please check):**

\_\_\_ Extension in Program \_\_\_ Transfer \_\_\_ Other (please specify): \_\_\_\_\_

**Explanation of Request (please attach typed letter and support documents if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signatures** (Please attach supportive emails if signatures are not available)

**Applied Instructor:** \_\_\_\_\_  Favorable  Neutral  Unfavorable **Date:** \_\_\_\_\_  
Comments Required: \_\_\_\_\_ Month / Day / Year

**Area Director:** \_\_\_\_\_  Favorable  Neutral  Unfavorable **Date:** \_\_\_\_\_  
Comments Required: \_\_\_\_\_ Month / Day / Year

**Program Director:** \_\_\_\_\_  Favorable  Neutral  Unfavorable **Date:** \_\_\_\_\_  
Comments Required: \_\_\_\_\_ Month / Day / Year

**Chair:** \_\_\_\_\_  Favorable  Neutral  Unfavorable **Date:** \_\_\_\_\_  
Comments Required: \_\_\_\_\_ Month / Day / Year

**Administrative Action:** \_\_\_\_\_