

***Please complete the form below and return to:  
Conservatory Administration Office  
Chatham Row, Dublin 2***

STUDENT'S ID NUMBER: \_\_\_\_\_

**STUDENT'S NAME:** \_\_\_\_\_

CONTACT NUMBER:

CONTACT EMAIL:

**PRACTICAL TEACHER:**

**I wish to be exempt from \_\_\_\_\_ (please specify ensemble) for the academic session 2016/17 for the following reason:-**

***(Please submit evidence to support request for exemption, e.g. College timetable.)***

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(Student/Parent/Guardian)

**FOR OFFICIAL USE ONLY:-**

**EXEMPTION APPROVED:** Semester 1 ☐ Semester 2 ☐

**EXEMPTION NOT APPROVED:** ☐

SIGNATURE:

## ENSEMBLES AND CONCERT MANAGER

DATE:

**Note:** Exemptions are for one academic year/semester only and may not be regarded as transferable from year to year.