Marshall University School of Music

Request to Change Applied Studio Teacher

*This form should be submitted only after consultation with the original teacher, who must sign this form. Rarely are changes of instructor permitted after the junior year. All changes will require the assent of the new instructor and the permission of the Department Chair.*

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Program: \_\_\_ BA \_\_\_ BFA \_\_\_ MA

Class: \_\_\_Fr \_\_\_So \_\_\_ Jr \_\_\_ Sr. \_\_\_ Grad

Advisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby request a change of applied studio teacher for the

\_\_\_ Fall \_\_\_ Spring \_\_\_ Summer Year: \_\_\_\_\_

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