Marshall University Department 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 School of Music Director.

_____ _____
Student Date

Degree program: _____ B.A. _____ B.F.A. _____ M.A.

Class: _____ Fr _____ So _____ Jr _____ Sr _____ Grad

Advisor's name: _____

I hereby request a change of applied studio teacher for the:

_____ Fall _____ Spring _____ Summer term. Year: _____

Reason(s) for request (be specific): _____
_____
_____
_____
_____
_____

SIGNATURES: Student: _____

Present teacher: _____

Requested teacher: _____

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Request: _____ Approved _____ Denied

_____ _____
School of Music Director Date