UNG | UNIVERSITY of NORTH GEORGIA
THE MILITARY COLLEGE OF GEORGIA

DEPARTMENT OF MUSIC

Teacher Transfer Form

Student's wishing to transfer from their present applied studio into a new studio should complete all the sections of this form.

Student Name:_____ ID Number:_____

Current Instructor:_____

1) Identify the reason you are requesting a transition to a new studio.

2) Current instructor notification and recommendation

Recommendation: ☐ Approve ☐ Deny

Current Instructor Signature:_____

3) Desired studio instructor request

Desired Instructor:_____

Desired Instructor Signature:_____

4) Division Director Approval Approval

Request: ☐ Approved ☐ Denied

DVS Signature:_____

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.) please contact Dr. Benjamin Schoening, music@ung.edu, 706-867-4466.