

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: _____

900 Number: _____

Present teacher name: _____

Reason for requesting transfer:

1. Signature of current applied instructor

Approved _____

Denied _____

If denied the student may appeal to the division coordinator

Approved: _____

Denied: _____

If denied the student may appeal to the Department Chair

Approved _____

Denied _____

2. Contact the applied instructor whose studio you would like to transfer into to. If they agree to accept you into their studio, print their name below and have them sign the form.

Desired teacher: _____

Signature of desired teacher: _____

If you need this document in an alternate format for accessibility purposes (e.g. Braille, large print, audio, etc.), please contact Dr. Benjamin Schoening benjamin.schoening@ung.edu 706-864-1423].