

APPENDIX A

CHANGE IN APPLIED INSTRUCTOR REQUEST

You must complete the steps below in order for your change in applied instructor to be **considered**.

1. Consult with your *desired* instructor to determine space availability and willingness to accept you into their studio;
2. Inform your *current* instructor that you wish to move to a different studio;
3. Obtain your *current* instructor's signature after your discussion;
4. Obtain your *desired* instructor's signature;
5. Obtain your area coordinator's signature (if applicable);
6. Obtain Associate Director's signature;
7. Submit the completed form to Christine Gonzalez for final processing.

All requests must be completed at least 1 week prior to the first class day of a long semester.

Name _____ TXST ID _____

TXST Email _____ Major/Concentration _____

Number of semesters of lessons completed _____ Date of Request _____

The above student has expressed to me their desire to move to another studio (in person)

Current Faculty Member's Signature _____ Date _____

The above student has expressed their desire to move into my studio and I have determined that I **do/do not** (circle one) have room in my studio to accommodate their request.

Desired Faculty Member's Signature _____ Date _____

Area Coordinator's Signature (if applicable) _____ Date _____

Director's Signature _____ Date _____

FOR OFFICE USE:

Date Received: _____

Date Changed: _____