



CHANGE OF TEACHER REQUEST FORM

Please submit this sheet to
Dr. Kathryn Fouse, Associate Dean for the Division of Music, School of the Arts

Student's name

Date of request

semesters of applied study at Samford

Degree program

Principal instrument

E-mail address

Cell phone

Current teacher's name

Requested teacher's name

Reasons for request:

Have you discussed this change with your current teacher?

Have you discussed this change with your requested teacher?

Submitting this form does not guarantee that your request will be granted.
A meeting with the Associate Dean will be scheduled to follow up on this request.