

**THE UNIVERSITY OF WESTERN ONTARIO
DON WRIGHT FACULTY OF MUSIC
DEPARTMENT OF MUSIC PERFORMANCE STUDIES**

CHANGE OF TEACHER FORM

PLEASE NOTE: Changing studio teachers is not a small matter and should not be requested without careful thought. The Faculty of Music has excellent teachers and you may be confident in all of them. Changes will only be considered at the end of April , normally after two years of study with a teacher with the following provisions.

1. **Your existing teacher must be informed that a change of instructor is intended before you approach another teacher. Once you have done this, you may approach your teacher of choice to ask if they would be willing to accept you into the next academic year's studio list. It is expected that Faculty members will discuss the change and advise the Chair as part of this process. A studio teacher should not accept a student into their studio without first making sure that the student has followed procedure and spoken to their current teacher first.**
2. The student must fill in this form, indicating the teacher you would like to study with. If that teacher is willing to accept you, s/he should initial next to his/her name on the next page.
3. The student must return this form to the Performance office by May 31st .
4. If the request receives approval from the Chair, you will then be included in the class of the requested teacher in the following academic year. No teacher changes are made during the academic year.

The final decision is made by the Chair of Music Performance Studies in consultation with all faculty members affected.

STUDENT NAME: _____

Present Studio Teacher _____

1. This student has discussed his/her wish to change to another instructor with me and:

I agree that this would be appropriate

I prefer to discuss this with the Chair

I do not believe that a change of instructor is desirable

Signature _____ Date _____

(Over)

2. Explain what you wish to accomplish with a new teacher:

3. I would like to be considered for the following studio: _____

I understand that studio placement is based on availability along with discussions between the Chair of Department and the current Performance Faculty complement. I have discussed the change with both my present and intended studio professor, who has initialed his/her name to signify willingness.

Student signature _____ Date _____

OFFICE USE ONLY

4. The request for a change of teacher is

Approved _____ Chair

Not permitted _____ Chair

Date _____

Move student to the studio of _____

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