

# 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 at [benjamin.schoening@ung.edu](mailto:benjamin.schoening@ung.edu) 706-864-1423].