

CHANGE OF PROGRAM REQUEST FORM

STUDENTS: Form to be submitted to the Education Department to request a program change and evaluation. **Students requesting to change to the Music Theatre, PA Music Theatre, Integrated, Dance Theatre or Dance Theatre Conservatory program will be required to audition.** Program changes are not guaranteed.

DEADLINE TO SUBMIT: Form must be submitted by the **FIFTH week of the current semester/term.** If approved, the change applies to the consecutive semester/term. Email follow up will be sent to the student.

STUDENT INFORMATION: Please Print

Student Name: _____ Cell Phone #: _____
LAST FIRST M.I. (XXX) XXX - XXXX

Student is requesting: **check one** of the following

Change of: Conservatory Program BFA Program BFA to Conservatory OR Conservatory to BFA

CURRENT PROGRAM:

Conservatory: Integrated Studio Dance Theatre

BFA: Music Theatre Acting Dance Theatre Performing Arts: PA-MT PA-ACT PA-DTH

Current Semester/Term: Fall Spring Summer Year: _____ **Semester/Term Level:** _____ [i.e. 2,3,4...]

Students must meet with the Bursar and/or Financial Aid Departments to ensure their tuition is secured upon approval of degree program change. Students thoroughly understand by changing programs there could be additional tuition and a possible delay with their initial graduation date.

REQUESTED PROGRAM:

Conservatory: Integrated Studio Dance Theatre

BFA: Music Theatre Acting Dance Theatre Performing Arts: PA-MT PA-ACT PA-DTH

***Please note:** Students who repeat a semester/term are ineligible for AMDA aid for the term they are repeating. Please see the Financial Aid department if you have any questions.

REASON FOR CHANGE OF PROGRAM: Please explain in **FULL** detail:

***Important Note:** A change in program may result in the following: delay in graduation, additional tuition charges, class schedules needing customization, courses not available within the desired semester/term.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Request is Hereby Granted Request is Hereby Denied or student's status is ineligible

EVALUATION: AMDA GPA or H.S. if 1st Semester/Term: _____ Prior College? Yes No Good Standing? Yes No

Proposed Change of Program to be Effective: Fall Spring Summer, Year: _____

Student's New Expected Semester/Term of Graduation: Fall Spring Summer, Year: _____

COMMENTS: (please state terms and conditions if applicable)

Upon completion, student will earn a Certificate of Completion Diploma

Staff Signature _____ Date _____