The Catholic University of America
Benjamin T. Rome School of Music

APPLICATION FOR CHANGE OF DEGREE PROGRAM
(referred to as Plan in Cardinal Station)
(Graduate Students)

The graduate student who wishes to change degree programs in the School of Music must submit this completed form to Dr. Joseph Santo, after having (a) spoken with his/her present adviser, (b) spoken with the adviser of the program in which he/she wishes to major, and (c) obtained the required signatures. Before a student changes degree programs, he/she should be aware of the new requirements for graduation, which are outlined in the Graduate Announcements.

<table>
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<tr>
<th>Student’s Name</th>
<th>EmplID</th>
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Student’s Name________________________________________ EmplID________________________

Student Status:  ___master’s      ___doctoral

1) STUDENT: I have discussed this change of degree program with both my present adviser and the adviser of the program in which I wish to major, and I request a change from _______________________to ______________________, effective (Semester)_____of (Year)_______.

(Please be sure to indicate designations such as MA, MM, MMSM, DMA, PhD.)

___________________________       ____________________
Signature of Student      Date

2) PRESENT ADVISER: The student has discussed this change of degree program with me.
Comments:

___________________________ ____________________ __________________
Signature of Present Adviser Program Date

3) NEW ADVISER: The student has discussed this change of degree program with me. He/she has passed the required audition* / submitted all necessary documentation**.
* Attach audition form signed by committee members.
** Attach confirmation that student has submitted documentation, e.g. writing samples.
Comments (including any changes in undergraduate prerequisites: please refer to the original letter of admission):

___________________________ ____________________ __________________
Signature of New Adviser  Program  Date

| APPROVALS |
|------------------|---------|--------|
| 4) CHAIR OF DIVISION TO WHICH STUDENT WISHES TO TRANSFER: |
| Signature of New Division Chair  Program  Date |

(if different from New Adviser)

5) ACADEMIC DEAN:

___________________________       Date
Signature of Academic Dean