COASTAL CAROLINA UNIVERSITY

Department of Music
Change in Concentration and/or Primary Instrument

Student name (print) _____

Last *First* *Middle*

Student ID number _____ Catalog year (_____)

Student's signature _____ Date _____

LEAVING

Major _____

Concentration _____

Instrument _____

Degree _____

Signature of **present** Adviser/Concentration director _____

Signature of **present** Primary Instructor _____

ENTERING

Major _____

Concentration _____

Instrument _____

Degree _____

Signature of ***new*** Adviser/concentration director _____

Signature of **new** Primary Instructor _____

Audition Completed: Date _____

Signature of Department Chair _____ Date _____

Concentrations and Advisers may be changed only after the Department Chair has signed this form