Change of Major within Bachelor of Music Degree Program

Student Name ___________________________ Commodore ID# __________________
Degree Expect Term ____________________ Date Submitted ______________

✔ CURRENT BLAIR MAJOR (specify current major & instrument):

✔ NEW BLAIR MAJOR (indicate new major and obtain specified approval to declare the major):

☐ Composition/Theory
   Approved by/date: Comp/Theory Dept. Chair ____________________________

☐ Musical Arts
   Specify instrument: ____________________________
   Approved by/date: studio teacher ____________________________

☐ MA5, Instrumental/General
   Specify instrument: ____________________________
   Approved by/date: Performance area head ____________________________ & MA5 Coordinator ____________________________

☐ MA5, Vocal/General
   Specify instrument: ____________________________
   Approved by/date: Performance area head ____________________________ & MA5 Coordinator ____________________________

☐ Performance/Instrument ____________________________

Often this change of major requires the student to make up performance hours. Faculty should approve ONLY ONE of the following options:

☐ Student is approved to begin the performance major without making up performance hours. (Student may need to take extra music electives to ensure music credits total 80.)

☐ Student is required to make up _____ (#) performance credit hours prior to the upper division hearing. Please indicate how these hours will be earned (credit by exam? Summer study enrollment at Blair?): ____________________________
   Approved by/date: Studio Teacher: ____________________________
   Perf. Area Head/Chair*: ____________________________
   (*NOTE: if studio teacher is the department chair/area head, another member of the department should provide the 2nd faculty approval.)

✔ FINAL APPROVAL:

Student Signature ___________________________ Date ______________
Studio Teacher Signature ___________________________ Date ______________
Academic Adviser Signature ___________________________ Date ______________
Associate Dean Signature ___________________________ Date ______________

Return completed form to: Vanderbilt University—Blair School of Music—Office of Academic Services, FAX (615) 343–0324

For Office Use:

Rec’d: ____________________________
RQ/RG Δ(s): ____________________________
Updated January 2015