

Westminster Conservatory

The Community Music School of Westminster College of the Arts of Rider University

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REQUEST FOR SCHEDULE CHANGE

Please note our policies regarding change requests in the 2018-2019 course catalog (pages 22-23).

Student Name	Account #
Contact Name	Day Phone
Instrument/Class Name	

<i>Current</i>	<i>Requested</i>
Day	
Time	
Length	
Teacher	
Location	

What date would you like the request to become effective? _____

Have you spoken to your teacher about this? _____

Comments

Signature: _____ Today's Date: _____

Office Use Only	
Date Received: _____	Initials: _____