

**WESTMINSTER  
CHOIR COLLEGE**



**RIDER  
UNIVERSITY**

**APPLICATION FOR MASTER OF ARTS IN TEACHING**

**Date:** \_\_\_\_\_

**Name** \_\_\_\_\_ **Bronc ID** \_\_\_\_\_  
Last First Middle

**Former or maiden name that might appear on credentials supporting this application:** \_\_\_\_\_

**Local Address** \_\_\_\_\_  
(temporary) Street  
\_\_\_\_\_  
City State Zip Code

**Local Address and phone in effect until:** \_\_\_\_\_

**Telephone** (\_\_\_\_\_) \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Area Code

**Rider email address:** \_\_\_\_\_ **Alternate email address:** \_\_\_\_\_

**Permanent Address:** \_\_\_\_\_  
(If different from local address) Street  
\_\_\_\_\_  
City State Zip Code

**Telephone** (\_\_\_\_\_) \_\_\_\_\_

**Race/Ethnicity (optional):** \_\_\_\_\_ **Are you a US citizen? Yes No**  
(If No please complete residency addendum)

**WESTMINSTER EDUCATIONAL BACKGROUND**

**Entered Westminster Choir College of Rider University: Fall** \_\_\_\_\_ **Spring** \_\_\_\_\_

**Year you wish to begin graduate study: Fall 20** \_\_\_\_\_ (when you will begin the 5th year)  
(year)

*I certify that the information I have provided is accurate to the best of my knowledge. I understand that intentional omission or falsification of requested information can lead to disqualification,*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Application Approved by:** \_\_\_\_\_ **Date** \_\_\_\_\_

# Rider University • Westminster Choir College

## Transfer Between Colleges/Major/Minor/Concentration Form

Directions:      1. Check the appropriate box(es) below                      2. Obtain all necessary signatures.  
                          3. Return form to the Assistant Registrar.

Student: \_\_\_\_\_  
                          Last Name                      First Name                      Middle Initial                      Bronc ID                      Cumulative GPA

**Current Year** (check one):       Freshman     Sophomore     Junior     Senior     Grad  
**Present School** (check one):     CBA             CCS             EDU        SLAS        SFPA        WCC  
**Requested School** (check one):  CBA             CCS             EDU        SLAS        SFPA        WCC

<b><u>MAJOR 1</u></b>	<input type="checkbox"/> Change		
Present	_____	Chair Signature:	_____
Requested	_____	Chair Signature	_____
<b><u>MAJOR 2</u></b>	<input type="checkbox"/> Declare <input type="checkbox"/> Change <input type="checkbox"/> Drop		
Present	_____	Chair Signature:	_____
Requested	_____	Chair Signature	_____
<b><u>MINOR 1</u></b>	<input type="checkbox"/> Declare <input type="checkbox"/> Change <input type="checkbox"/> Drop		
Present	_____	Chair Signature:	_____
Requested	_____	Chair Signature	_____
<b><u>MINOR 2</u></b>	<input type="checkbox"/> Declare <input type="checkbox"/> Change <input type="checkbox"/> Drop		
Present	_____	Chair Signature:	_____
Requested	_____	Chair Signature	_____
<b><u>CONCENTRATION 1</u></b>	<input type="checkbox"/> Declare <input type="checkbox"/> Change <input type="checkbox"/> Drop		
Present	_____	Chair Signature:	_____
Requested	_____	Chair Signature	_____
<b><u>CONCENTRATION 2</u></b>	<input type="checkbox"/> Declare <input type="checkbox"/> Change <input type="checkbox"/> Drop		
Present	_____	Chair Signature:	_____
Requested	_____	Chair Signature	_____

Student's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Internal Office Use Only**

Change Processed _____	Date _____
Advisor Requested _____	Date _____
Dept. Notified if Applicable _____	Date _____