



Duke Ellington

school of the arts

Request For Arts Department Transfer

Date _____

Student Name _____

Current Department _____

Name of Chair _____

Potential Department _____

Name of Chair _____

Reason For Change _____

Parent Guardian Signature _____

Student Signature _____

Current Chair Signature _____ Approved Denied

Potential Chair Signature _____ Approved Denied

Director of Student Affairs Signature _____ Approved Denied

Director of Artistic Affairs Signature _____ Approved Denied

Head of School Signature _____ Approved Denied