

APPROVAL FOR STUDY AT THE RECORDING WORKSHOP

Student Name _____

ID# _____

This is to certify that the proposed program of study has been reviewed and approved.

Major Advisor

Date

Dr. Randy Guthrie, Chair of Music Department

Date

Financial aid (preliminary consultation)

Date

Student Accounts (preliminary consultation)

Date

International Student Advisor (if non-USA student)

Date

Athletic Advisor (athletes only)

Date

Registrar

Date

Mr. Don Eland, Multimedia Institute (MMI students)

Date

Dr. Tim Waters, Music Technology Coordinator

Date