

COLLEGE OF MUSIC
PhD Program in Music: Music Education Concentration
Student Counseling Form
FORM A

On _____ **, a counseling session was held with:**
Date

Student's Name

Student ID Number

concerning the difficulty they have encountered in the program. Difficulties encountered have included:

The student has been informed of the consequences of this problem and acknowledges that further difficulty could result in the following:

Signatures:

Student

Date

PhD Coordinator

Date

Music Education Division Chair

Date

Action taken (if necessary): **Probation** **Removal**

(Submission of this form from the department may be used as authorization to write a removal letter from the program).

Request for Exceptions:

