



FLORIDA STATE UNIVERSITY
College of Music

Transfer Release Form

(Pertaining to Consideration for Financial Aid)

In accordance with Article VII of the *NASM* (National Association of Schools of Music) Code of Ethics, The Florida State University College of Music does not offer financial awards to transferring students without the written consent of the music executive of the institution in which you are currently enrolled. As such, please review the information supplied below.

Instructions:

- Complete Part I yourself;
- Bring this form to the music executive (*e.g.*, department head) at your current institution – requesting that s/he complete Part II;
- Mail this form directly to:

Office of Admissions
 The College of Music
 The Florida State University
 122 North Copeland Avenue
 Tallahassee, FL 32306-1180

Or Fax to:
 Office of Admissions
 The College of Music
 The Florida State University
 (850) 644-2033

Reminder:

- You will not be considered for a financial award until this form has been received.
- Part I and Part II must be completed in their entirety.

PART I (completed by student)

I confirm here that I am applying for admission to The Florida State University College of Music, and that I am requesting consideration for a financial award, if available, from FSU.

Signature: _____ Name: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip Code: _____ Phone Number: (_____) _____ Email Address: _____

PART II (completed by music executive)

Per Article VI of the *NASM* Code of Ethics, students are allowed “to make inquiries about study at any institution at any time.” I confirm here that I am aware that the above-named student is pursuing admission into The Florida State University College of Music, and that this student is requesting consideration for a financial award, if available; a release is given to the above-named student to accept such an award, if offered. Currently, this student is _____ / is not _____ / receiving a financial award at our institution.

Signature: _____ Date: _____

Name: _____ Institution: _____