amebnsw

CHANGE OF TEACHER

Current enrolling teacher:

I _____ teacher number _____

advise that I am no longer teaching the candidate/s named below and request that all further correspondence relating to examinations for the _____ series be forwarded to the new teacher.

Signature: _____ Date: _____

This change of teacher is applicable to the following candidates:

Candidate name	Candidate no.	Subject	Grade

New teacher's details:

Teacher number: _____ Teacher name:_____

Address: _____

Phone No: _____ Fax No: _____

Email: _____

I agree to administer this enrolment and abide by the regulations in the current AMEB (NSW) Teachers' Handbook and Manual of Syllabuses and the policies on the AMEB (NSW) website. I certify that I am at least 18 years of age.

Signature: _____ Date: _____

Fee: $55 per teacher change

❑ I enclose my cheque / money order payable to AMEB (NSW).

❑ I authorise the AMEB (NSW) to charge my credit card for $_____ Signature _____

Name on Card: _____ Mastercard / VISA (please circle)

Card no: |__|__|__|__| |__|__|__|__| |__|__|__|__| |__|__|__|__| Expiry date: ___ /___

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The AMEB (NSW) is an agency of the Office of the Board of Studies www.ameb.nsw.edu.au

Australian Music Examinations Board