

SUPPLEMENTARY INFORMATION -- GRADUATE

Lionel Hampton School of Music

University of Idaho

Moscow, Idaho 83844-4015

FAX: 208-885-7254

Print this form (both sides), fill it out, and send it directly to above address. This form does NOT replace the Application for Admission to Graduate School.

Name (Last, First, Middle)	Applying for semester beginning	Year
	Fall Spring Summer	

LOCAL ADDRESS (If applicable)	PERMANENT ADDRESS
Address (No., Street, Apt.)	Address (No., Street, Apt.)
City, State, Zip	City, State, Zip
Telephone	Telephone

E-Mail

Gender	Citizenship (Specify other)	State of Residency
Male Female	U.S.	

Degree Sought	If you are applying for the M.M., circle your area of concentration
M.A. (Music History)	Voice Performance Orchestral Instrument Performance (indicate instrument:_)
M.M.	Guitar Performance Piano Performance Piano Pedagogy and Performance
	Accompanying Music Education Composition

Note: Admission to the M.M. in performance degrees requires submission of repertoire lists as evidence of previous study.

PROFESSIONAL EXPERIENCE (Latest listed first)

Employer	Position	Inclusive Dates

COLLEGES AND UNIVERSITIES ATTENDED (Latest listed first)

Institution	City and State	Dates Attended	Degree Received	Date Graduated
		From To		

Honors, Professional Memberships, Honorary Societies, Publications, etc.

LETTERS OF REFERENCE (List three persons who have been asked to submit references.) It is your responsibility to have these letters sent directly to the College of Graduate Studies.

Name	Position	Address

Applicant Signature	Date

(SEE REVERSE)

AUDITION INFORMATION

To be completed and filed by students who plan to pursue an M.M. in performance. (Students who are applying for the M.M. in composition will submit scores and ~~if possible,~~ recordings of compositions. Students applying for the M.A. in Music History will submit one extended sample of research writing.)

PLEASE COMPLETE ALL INFORMATION ON THIS PAGE

PERSONAL INFORMATION

NAME _____ TELEPHONE (_____) _____ ADDRESS _____ Street or Box number City State Zip E-Mail PRIMARY INSTRUMENT ON WHICH YOU WILL AUDITION _____
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AUDITION SCHEDULE

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_____ I would like to schedule an audition appointment on _____
(weekdays only).

_____ I will send a recording (and videotape, if possible) of a recent performance in place of an in-
person
audition. (Please enclose a list of the recorded repertory and include the date (s) of the
performance.)

_____ I have auditioned with Professor _____
on _____ (date).

Please return this form at least TWO WEEKS PRIOR to the date you have selected so that you can be notified of the time and location of your audition. If distance prohibits attendance for an in-person audition, a recent, high-quality recording may be submitted for an audition. If you send a recording, please include a copy of this form with your tape.

(Signature)