

ARIZONA STATE UNIVERSITY

SCHOOL OF MUSIC

APPLICATION FOR UNDERGRADUATE MUSIC ADMISSION & SCHOLARSHIP

PART A (please print clearly or type)

GENERAL INFORMATION	Applying for: 🛛 Spring 2011 🔹 🗖 Fall 2011			
Mr. Ms. Legal Name	(First/Given) (Middle)			
Email Many of our communications with you will be via email: accuracy of this address				
Many of our communications with you will be via email: accuracy of this address Mailing Address:	is very important Month Day Year			
	State Zip			
•	Permanent Telephone			
Arizona Resident Non-Resident				
U.S. Citizen Permanent U.S. Resident				
	Native Language			
Instrument or Voice Type for which you are auditioning				
Secondary Instrument or Voice Type for which you are audit (If applicable. Requires separate application.)	ioning			
HIGH SCHOOL APPLICANTS ONLY	TRANSFER APPLICANTS ONLY			
High School				
Address				
City/State/Zip				
Graduation Date (Mo/Day/Yr)				
GPA SAT Score ACT Score	GPA Major			
High School Music Teachers:	Music Teachers: Previous institutions and instructors:			
	-			
	-			
	Applying as: Freshman Sophomore Jr Sr			
	Do you have a music scholarship at your present institution?			
SCHOLARSHIP INFORMATION	(Please note: A transfer student currently receiving a music scholarship must obtain a written release from the Music Executive			
Have you applied for financial aid?	of the School or Department of Music s/he currently attends in order to be considered for a scholarship at Arizona State University.)			
If not, do you plan to?				
Have you filed a FAFSA (U.S. Citizens)? 🔲 Yes 🔲 No	UNIVERSITY APPLICATION INFORMATION			
Are you receiving other scholarships? Yes No	You must submit a University application before applying to the School of Music			
If yes, please list sources and amounts	 Date Submitted (Month/Day/Yr)			
	Have you been admitted?			
	Yes No Do not know			
	You must be admitted to the University in order to be a music major.			



ARIZONA STATE UNIVERSITY SCHOOL OF MUSIC

Indicate the **degree program** for which you are applying **(please number in order of preference)** Please visit the School of Music website (music.asu.edu) for information concerning specific admission requirements for each degree offered.

INSTRUMENTALISTS	VOCALISTS			
Primary Instrument	Voice Type			
Bachelor of Music: Performance	Bachelor of Music: Performance			
Bachelor of Music: Jazz Studies	Bachelor of Music: Music Theatre			
Bachelor of Music: Music Therapy	Bachelor of Music: Music Therapy			
Bachelor of Music: Music Education Instrumental	Bachelor of Music: Music Education, Choral/General			
Bachelor of Music: Music Education Strings	Bachelor of Music: Composition Concentration			
Bachelor of Music: Composition Concentration	Bachelor of Music: Theory Concentration			
Bachelor of Music: Theory Concentration	Bachelor of Arts: Music			
Bachelor of Music: Performance/Collaborative Piano				
Bachelor of Arts: Music				
	ou are interested in studying, in order of preference. Leave blank sor does not guarantee you a space in that professor's studio.)			
1	2			
MUSICAL EXPERIENCE (You may attach an artistic résumé with Indicate number of years of private study:	this application)			
years Primary Instrument/Voice Type				
years Secondary Instrument/Voice Type				
Piano				
Other instruments on which you are reasonably competent				
Music Theory Study Pes: years No M	usic Composition Study 🛛 Yes: years 🗖 No			
If yes, with whom?				
List important solo or chamber music performances				

List ensembles and other important organizations in which you have participated ______

LETTERS OF RECOMMENDATION

Provide three letters of recommendation from three persons familiar with your musical abilities.

Name	Address	Phone
Professional Title	City, State, Zip	Email
Name	Address	Phone
Professional Title	City, State, Zip	Email
Name	Address	Phone
Professional Title	City, State, Zip	Email



AUDITION OPTIONS

Select ONE of the options below.

Option 1a (Organ applicants: see Option 2. Fall 2011 voice I am requesting a live, on–campus audition (please indica	
Primary Instrument	
Saturday, November 13, 2010 (Spring admission only, no f	lute, percussion)
Saturday, January 29, 2011	Saturday, February 19, 2011 (No clarinet, percussion)
Saturday, February 5, 2011	Saturday, February 26, 2011 (No clarinet)
Composition interviews are conducted on the November 13, F	ebruary 5, and February 19 audition dates.
Option 1b (Vocalists Applying for Fall 2011 Only): Voice Type In order to be considered for a live, on–campus audition, a prescreening recording. All prescreening materials must be	applicants for all voice concentrations must submit a e uploaded to http://asumusic.slideroom.com and complete
application materials submitted by December 1, 2010 to be applications received without a prescreening recording wi considered for an invitation to a live audition.	e considered for the Fall 2011 semester. Please note that
If invited for a live, on–campus audition, I am requesting choice of preferred dates). Check here if you will need a	the following audition date (please indicate a first and second ASU to provide an accompanist for your audition.
Saturday, February 19, 2011	Saturday, February 26, 2011
Option 2: I have arranged a live, on-campus ad hoc auditi <u>available</u> to voice applicants.)	on. (This option is <u>required</u> for organ applicants and <u>not</u>
I will audition on at	with
Application Deadline: All materials must be received no later t	
Option 3: I am submitting a CD/DVD [‡] recording for this ap	
\Box I have enclosed the audition recording ^{\pm} with this application	
☐ My audition recording [‡] will be submitted by 5:00 p.m. MST 2011 (Fall 2011 admission).	
While a live, on-campus audition is desirable, those who are u Applicants submitting a CD/DVD recording will <u>not</u> be eligible received, with all application materials, no later than 5:00 p.m 1, 2011 (Fall 2011 admission).	
[‡] Audition recordings should be in high quality and U.S. compa labeled with your name, phone number, repertoire, instrume	atible in either video or audio format. All discs should be clearly nt, and degree sought.
Every entering undergraduate student will be considered for fi School of Music application materials and been admitted to the admission) and March (Fall admission).	



APPLICATION CHECKLIST

Arizona State University application submitted.
 School of Music Application Part A, including Audition Options (page 3): All undergraduate music applicants must perform a live audition or submit an audition recording.
 School of Music Application Part B: Essay
 School of Music Application Part C: Repertoire List
 Three Letters of Recommendation using the enclosed Recommendation Forms. May be submitted along with or separately from School of Music application materials.
 Artistic résumé (optional)
 Composition applicants: A portfolio of 3-5 of your strongest compositions in a variety of genres. A CD may be submitted as well, but is not mandatory. Please also include a compositional statement describing any previous experience as a composer or arranger and, in general, the types of music you have written (such as instrumental, choral, jazz, etc.).
 Voice applicants applying for Fall 2011 admission only: Prescreening recording uploaded to http://asumusic.slideroom.com by December 1, 2010.

IMPORTANT DATES

October 15, 2010	Final application deadline for Spring 2011 applicants: Complete application materials including audition recordings (if applicable) must be received by 5:00 p.m. MST.
November 15, 201	Deadline for Spring 2011 financial aid consideration: Student must be admitted to the University and have completed a live, on–campus audition by this date for financial aid consideration.
December 1, 2010	Application deadline for Fall 2011 voice applicants: All application and prescreening materials must be received by 5:00 p.m. MST.
January 15, 2011	Final application deadline for Fall 2011 instrumental applicants: Complete application materials must be received by 5:00 p.m. MST.
February 1, 2011	Deadline for receipt of audition recordings for Fall 2011 admission (if applicable): Recorded auditions, with complete application materials, must be received by 5:00 p.m. MST.
February 28, 2011	Due to University deadlines, NO auditions will be considered after this date for Fall 2011 admission

Auditions will be scheduled only *after* University and School of Music application materials have been received and processed. Application materials must be **received** in completion before 5:00 p.m. MST on the due date (see page 3). Applications received after that date and time may not be accommodated. Applications are processed in the order they are received; to secure an audition on your preferred date, early application is recommended. Because of faculty availability and the high volume of applicants, it is not possible honor special requests of any kind for particular times on an audition day. No scheduling change requests will be considered within three weeks of an audition date.

I certify that the information I have provided is complete and accurate to the best of my knowledge, and I understand that by applying for admission, I am giving Arizona State University the right to inquire into those matters pertinent to this application. Should any of the information I have given change, I shall immediately notify the School of Music.

Signature of Applicant

Date

PLEASE RETURN TO:

School of Music Undergraduate Admissions P.O. Box 870405 Tempe, AZ 85287-0405



A R I Z O N A STATE U N I V E R S I T Y

SCHOOL OF MUSIC

APPLICATION FOR UNDERGRADUATE MUSIC ADMISSION & SCHOLARSHIP PART B: ESSAY (please print clearly or type)

Legal Name	(Last/Family/Surname)	(First/Given)	(Middle)
ASU ID#			
Email		Phone	
Instrument/Voice Type		Degree Program	
ESSAY			
In 300-500 words, please descri	ibe your educational backgrou	nd, objectives, and career	plans. You may attach a separate sheet.

PLEASE RETURN TO:

School of Music Undergraduate Admissions P.O. Box 870405 Tempe, AZ 85287-0405



APPLICATION FOR UNDERGRADUATE MUSIC ADMISSION & SCHOLARSHIP PART C: REPERTOIRE LIST

Legal Name			
	(Last/Family/Surname)	(First/Given)	(Middle)
ASU ID#			
Email		Phone	
Instrument/Voice Type		Degree Program	
REPERTOIRE LIST			
Please list below music you hav included. Place an * (asterisk) n	e studied intensively and co ext to works performed pul	onsider a part of your solo repert blicly. You may attach an additio	oire. Technical studies should be nal page if necessary.
Title of Work (Role if applicable	e)	Full Name of Composer	

PLEASE RETURN TO:

School of Music Undergraduate Admissions P.O. Box 870405 Tempe, AZ 85287-0405



CONFIDENTIAL UNDERGRADUATE RECOMMENDATION FORM

Part I: Completed by Applicant		
Applicant Name	(First/Given)	(Middle)
	(First/Given)	(Middie)
Mailing Address:		
City	State Zip	
Email	Phone	
Instrument/Voice Type	Degree Program	
By signing below, the applicant agrees to waive all rights to rea	d this recommendation.	
Signature of Applicant	Date	
Application deadline (see Application Part A 3 of 4):		

Part II: Completed by a Recommending Music Professional Familiar with the Applicant's Musical Abilities Please place in a sealed envelope. May be submitted along with or separately from School of Music application materials.

1. How long and in what capacity have you know the applicant? ______

2. Please rank the applicant in each area.

	Superior	Excellent	Good	Fair	Poor	N/A
Level of performance accomplishment						
Interpretive ability						
Accuracy and facility in performance						
Ability to communicate in speech and writing						
Personal integrity, cooperation, and reliability						
Work ethic						
Motivation						
Professional demeanor						
Potential for a music career						

3. Please comment on the applicant's potential for success in her/his chosen field.



4. Please add any other information to help us assess the potential of the applicant as a music student.

RECOMMENDING MUSIC PROFESSIONAL (Please print clearly)	
Name	Title
Address	City, State, Zip
Telephone ()	Email
Signature of Recommending Music Professional	Date
PLEASE RETURN IN A	SEALED ENVELOPE TO:
	ergraduate Admissions
P.O. Boy	< 870405
Tempe, AZ	85287-0405



CONFIDENTIAL UNDERGRADUATE RECOMMENDATION FORM

Part I: Completed by Applicant		
Applicant Name	(First (Circo)	(10:1-1)
(Last/Family/Surname)	(First/Given)	(Middle)
ASU ID#		
Mailing Address:		
City	State Zip	
Email	Phone	
Instrument/Voice Type	Degree Program	
By signing below, the applicant agrees to waive all rights to rea	d this recommendation.	
Signature of Applicant	Date	
Application deadline (see Application Part A 3 of 4):		

Part II: Completed by a Recommending Music Professional Familiar with the Applicant's Musical Abilities Please place in a sealed envelope. May be submitted along with or separately from School of Music application materials.

1. How long and in what capacity have you know the applicant? ______

2. Please rank the applicant in each area.

	Superior	Excellent	Good	Fair	Poor	N/A
Level of performance accomplishment						
Interpretive ability						
Accuracy and facility in performance						
Ability to communicate in speech and writing						
Personal integrity, cooperation, and reliability						
Work ethic						
Motivation						
Professional demeanor						
Potential for a music career						

3. Please comment on the applicant's potential for success in her/his chosen field.



4. Please add any other information to help us assess the potential of the applicant as a music student.

RECOMMENDING MUSIC PROFESSIONAL (Please print clearly)			
Name	Title		
Address	City, State, Zip		
Telephone ()	Email		
Signature of Recommending Music Professional	Date		
PLEASE RETURN IN A SEALED ENVELOPE TO:			
School of Music Undergraduate Admissions P.O. Box 870405 Tempe, AZ 85287-0405			



CONFIDENTIAL UNDERGRADUATE RECOMMENDATION FORM

Part I: Completed by Applicant				
Applicant Name	(First/Given)	(Middle)		
	(instance)	(midule)		
Mailing Address:				
City	State Zip			
Email	Phone			
Instrument/Voice Type	Degree Program			
By signing below, the applicant agrees to waive all rights to read this recommendation.				
Signature of Applicant	Date			
Application deadline (see Application Part A 3 of 4):				

Part II: Completed by a Recommending Music Professional Familiar with the Applicant's Musical Abilities Please place in a sealed envelope. May be submitted along with or separately from School of Music application materials.

1. How long and in what capacity have you know the applicant? ______

2. Please rank the applicant in each area.

	Superior	Excellent	Good	Fair	Poor	N/A
Level of performance accomplishment						
Interpretive ability						
Accuracy and facility in performance						
Ability to communicate in speech and writing						
Personal integrity, cooperation, and reliability						
Work ethic						
Motivation						
Professional demeanor						
Potential for a music career						

3. Please comment on the applicant's potential for success in her/his chosen field.



4. Please add any other information to help us assess the potential of the applicant as a music student.

RECOMMENDING MUSIC PROFESSIONAL (Please print clearly)			
Name	Title		
Address	City, State, Zip		
Telephone ()	Email		
Signature of Recommending Music Professional	Date		
PLEASE RETURN IN A SEALED ENVELOPE TO: School of Music Undergraduate Admissions P.O. Box 870405 Tempe, AZ 85287-0405			