Application for Admission

Master of Arts in Music Therapy

Section I. Personal Information

Name______________________________________________________
(Give family name first)
Address____________________________________________________
City__________________State_______Postal Code_____Nation_______
Telephone_________________Date of Birth________Citizenship________
Parents’ or Guardians’ names____________________________________
Address_______________________________Telephone_____________
City_________________State____Postal Code______Nation__________

Parents’ Occupations  Places of Employment  Telephone

1._________________________________________________________
2._________________________________________________________

Section II. Optional

The following information is useful for compiling statistical data about our applicants. It will in no way affect your admission to the Conservatory. Thank you for your cooperation.

Gender: __ Male __ Female
Ethnic background: 1. Nonresident Alien____ 2. Black, Nonhispanic____
6. White, Nonhispanic____

FOR FASTER PROCESSING, FAX YOUR COMPLETED APPLIATION AND MATERIALS TO: +886 (0) 2 6602-1577 (TAIPEI) OR (347) 287-6939 (USA)
AND
SEND THE US$50 APPLICATION FEE ALONG WITH THE ORIGINAL APPLICATION TO:
AMERICAN CONSERVATORY OF MUSIC
BELIZE CAMPUS PROCESSING UNIT
252 WILDWOOD ROAD
HAMMOND, INDIANA 46324
Section III. Academic Information

Please list each school you have attended, starting with high school. Have an official copy of your transcripts sent to the Office of the Registrar at the Conservatory.

Name of School  Location  Dates of Attendance  Degree or Diploma
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________
4. ________________________________________________________________

Please list your private music instructors.
Name  Area of Study (voice, instrument, etc.)  Dates of Study
1. ________________________________________________________________
2. ________________________________________________________________
3. ________________________________________________________________

Please describe any additional studies you consider relevant.
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Please enclose your TOEFL scores if available.
Note: If TOEFL scores cannot be submitted then you will be required to either take English as a Second Language (E.S.L.) or to take the TOEFL exam and submit those scores to the Dean of Asian Studies, upon acceptance to the program.

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. . . Please attach a recent photo. . .