

# University of Central Florida Department of Music Graduate Assistantship Application 2018/2019

UCF School of Performing Arts-Music  
P.O. Box 161354  
Orlando, FL 32816-1354

407-823-2869 Tel  
407-823-3378 Fax  
[www.music.ucf.edu](http://www.music.ucf.edu)

Application and supporting materials for 2018/2019 Graduate Assistantships must be received by **Monday, February 26, 2018**. Written notification of awards will be sent by approximately March 31, 2017. Applications will not be considered unless the student has applied for admission to the MA in Music. For more information about financing graduate school at UCF please visit the following web site: <http://www.admissions.graduate.ucf.edu/funding/>

Send this application form to:

Dr. Keith Koons  
Coordinator of Graduate Studies  
UCF School of Performing Arts-Music  
P.O. Box 161354  
Orlando, FL 32816-1354

Name \_\_\_\_\_

Current Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Permanent Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Social Security or UCF PID number \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

List all educational programs attended since high school

\_\_\_\_\_  
Institution Name State Dates Degree

\_\_\_\_\_  
Institution Name State Dates Degree

\_\_\_\_\_  
Institution Name State Dates Degree

Principal Instrument or Voice Part \_\_\_\_\_

Graduate Assistantships are awarded for service, performance, or teaching in the Music Department. Please indicate areas of qualification and interest.

_____ Accompanying	_____ Jazz
_____ Applied Music	_____ Music Appreciation
_____ Bands (including marching band)	_____ Music Education Field Supervision
_____ Class Piano	_____ Music Theory
_____ Computer Lab	_____ Office/Clerical
_____ Concert Support/Recording	_____ Opera coaching/accompanying
_____ Ensemble Performance	_____ Stage/Facilities Management
_____ Instrumental Conducting	_____ Other (please specify):

List **three** persons from whom you have requested recommendation letters:

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Briefly state your qualifications for serving in the areas you have indicated. You may attach a separate sheet or submit a curriculum vita if preferred.

Briefly describe your professional goals and how a graduate assistantship would support those goals. You may attach a separate sheet if preferred.

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Signature

Date