



**UNIVERSITY OF CENTRAL FLORIDA
DEPARTMENT OF MUSIC**



**MASTER OF ARTS IN MUSIC
SUPPLEMENTAL APPLICATION**

1. Name: _____
Last First Middle
2. Address: _____
City: _____ State: _____ Zip: _____
3. Home Phone: () _____ Cell Phone () _____
4. Email Address: _____
5. UCF PID # _____ Date of Birth: _____
6. Primary Instrument or Voice Type _____
7. Desired area of emphasis: _____
8. Date of College Graduation: _____ GPA: _____ GRE Score: _____
9. College(s) Attended: _____
10. Degree(s) earned: _____
11. As part of my application, I plan to do or submit ONE of the following:

<p><input type="checkbox"/> Instrument/Voice Audition Only please select preferred audition date:</p> <p><input type="checkbox"/> Jan. 21, 2017 <input type="checkbox"/> Feb. 4, 2017</p> <p><input type="checkbox"/> Feb. 18, 2017 <input type="checkbox"/> Apr. 1, 2017</p>	<p><input type="checkbox"/> Interview</p> <p>Please indicate date requested for interview :</p> <p>_____/_____/_____</p>
<p><input type="checkbox"/> Demonstration Recording (send materials to address below)</p>	<p><input type="checkbox"/> Portfolio (send materials to address below)</p>

NOTE: If these audition dates prove impossible, contact the UCF Music Office at (407) 823-2869 to make alternative arrangements.

_____ Signature _____ Date _____

Mail to: MUSIC AUDITION COORDINATOR – MASTERS
UNIVERSITY OF CENTRAL FLORIDA MUSIC DEPARTMENT
4000 CENTRAL FLORIDA BLVD
ORLANDO, FLORIDA 32816-1354
Fax: 407-823-3378, Phone 407-823-2869

FOR OFFICE USE ONLY			
Audition Date: _____	Accepted _____	Scholarship _____	Amount _____
Letter Sent _____	Contract Returned: _____	Status _____	
Additional Notes: _____			