



**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:

<input type="checkbox"/> Instrument/Voice Audition Only please select preferred audition date: <input type="checkbox"/> Jan. 27, 2018 <input type="checkbox"/> Feb. 17, 2018 <input type="checkbox"/> Feb. 24, 2018 <input type="checkbox"/> March. 31, 2018 <small>admission-only (no scholarships)</small>	<input type="checkbox"/> Interview Please indicate date requested for interview : _____ / _____ / _____
<input type="checkbox"/> Demonstration Recording <small>(send materials to address below)</small>	<input type="checkbox"/> Portfolio <small>(send materials to address below)</small>

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: _____