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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | | | | **Click here to enter text.** | | | | | |
| **First name:** | | | | Click here to enter text. | | | | | |
| **Address:** | | | | Click here to enter text. | | | | | |
| **City:** | | | | Click here to enter text. | | | | | |
| **Province:** | | | | Click here to enter text. | | | | | |
| **Postal Code:** | | | | Click here to enter text. | | | | | |
| **U of A ID number:** | | | | Click here to enter text. | | | | | |
| **Telephone:** | | | | Click here to enter text. | | | | | |
| **U of A email:** | | | | Click here to enter text. | | | | | |
| **A. Master of Music / Doctor of Music Degree Applicant Information** (please choose appropriate program or leave blank and complete Section B) | | | | | | | | | |
| Program: | Choose an item. | | | | | | Area of Study: | | Choose an item. |
| Applied Area: | Choose an item. | | | | | | Instrument: | | Click here to enter text. |
| Applied-music applicants please indicate which applied-music instructor you would prefer to study with. While every attempt will be made to accommodate such requests, this cannot be guaranteed. | | | | | | Click here to enter text. | | | |
| Date(s) of previous UA auditions | | | Click here to enter text. | | | Most recent Instructor | | Click here to enter text. | |
| **B. Audition Dates** | | | | | | | | | |
| For current dates see: http://uofa.ualberta.ca/music/admissions/graduate-admissions/auditions | | | | | | | | | |
| **This form must be received no later than December 1st .** | | | | | | | | | |
| **C. Audition Choices** | | | | | | | | | |
| Audition type: | | | | | Choose an item. | | | | |
| **Live audition is preferred and strongly encouraged.**  **If you are submitting a recorded audition, your DVD must *reach us* before January 1st in order for the committee to consider your application. Please forward DVDs to:**  Graduate Administrator  Department of Music  University of Alberta  3-82 Fine Arts Building  Edmonton AB Canada T6G 2C9 | | | | | | | | | |
| Click here to enter text. | | | | | | | | | |
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| **ALL APPLICANTS:** By indicating the date below, I consent to having the above information collected by the University of Alberta. The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* to determine eligibility for admission to a program in Music, and for statistical purposes. Personal information is protected under the *Alberta Freedom of Information and Protection of Privacy Act*. | | | | | | | | | |
| Date: | | Click here to enter a date. | | | | | | | |

**Please fill out this form and save a copy for your files. It can be emailed to** [**musicgs@ualberta.ca**](mailto:musicgs@ualberta.ca)**.**