

CAPITAL UNIVERSITY

Columbus,
Ohio

Graduate Program
in Music Education
with Kodály Emphasis

Admission
Application



The Education You Want. The Attention You Deserve.

INSTRUCTIONS

We are pleased you are interested in competency-based graduate education to enhance your skills and advance your career in music education. Please follow these instructions for completing the application process for admission to our graduate program in music.

- I. Complete all applicable sections of the following form and submit it with your nonrefundable \$25 application fee.
- II. Submit a 200-300 word writing sample (typed) with your application summarizing your current competencies and skills, reason(s) for seeking graduate education, and areas of competency you wish to enhance in graduate school.
- III. Submit a résumé or curriculum vita with your application.
- IV. Forward official transcripts of all previous undergraduate and graduate coursework to the Conservatory of Music at the address below.
- V. International students must take the Test of English as a Foreign Language (TOEFL) and send the results to the Conservatory of Music at the address below.
- VI. Submit the names of three reference you have requested to write letters of recommendation addressing your academic/musical skills and your potential for success in graduate studies. Possible references include former faculty and your current associates/supervisor.
- VII. Obtain and complete the Free Application for Federal Student Aid (FAFSA). Designate Capital University as one of the colleges to receive your data. **The Title V Institution Code for Capital is 003023.** This form should be mailed as soon after **Jan. 1** as possible. Your application for financial assistance will **not** influence the admission decision.

Address all correspondence to:

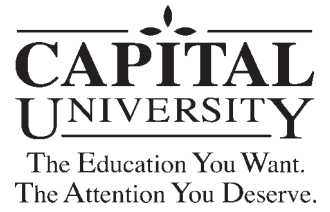
Capital University
Conservatory of Music
Graduate Program
c/o Dr. Sandra Mathias
Columbus, OH 43209-2394

Questions – call (614) 236-6267 or e-mail smathias@capital.edu

PRIORITY DEADLINE FOR APPLICATION: MARCH 15

Applications received after that date will be reviewed on a space-available basis. Financial aid may not be available for financial aid applications received after the priority deadline.

APPLICATION FOR ADMISSION



Please type or print

Application is for summer 20____ (year)

Name _____ Social Security No. _____
last first middle

Date of Birth (DD-MM-YYYY) _____ Citizenship _____

Home Address _____ Home Phone () _____
number and street

_____ city state ZIP

E-mail Address _____

Employer _____ Date Employed _____ Business Phone () _____

Name, address and phone number of party through whom you always can be contacted:

_____ name address phone number

Predominant Ethnic Background

(Note: Response to this question is OPTIONAL. This information is used for statistical purposes.)

- African American
- Hispanic
- Native American
- Caucasian/Non-Hispanic
- Asian or Pacific Islander
- Other

Religious Preference

(Note: Response to this question is OPTIONAL. This information is used for statistical purposes.)

- Baptist
- Catholic
- Church of Christ
- Congregational
- Episcopal
- Greek Orthodox
- Jewish
- Methodist
- Lutheran-Other
- Presbyterian
- Protestant
- Other
- No Religious Preference

Marital Status Single Married Other

List chronologically all accredited undergraduate and graduate institutions attended.

Dates of Attendance	Name and Address of Institution	Degree Date	Degree Title	Major Field
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

This application must be supported by official transcripts of all work completed to date. Please request the registrar of each institution to forward your official records to:

Capital University Conservatory of Music
Graduate Program
c/o Dr. Sandra Mathias
2199 E. Main St.
Columbus, OH 43209-2394

For planning purposes, you may submit copies of unofficial transcripts with this application and follow up with official transcripts.

Academic honors, awards or scholarships received: _____

Professional activities: _____

For international students, a Test of English as a Foreign Language (TOEFL) official score report must be submitted.

Test date: _____ Score (if known): _____ Anticipated test date: _____

List – in chronological order – your last five positions of employment, including part-time:

Dates		Job title (Position)	Employer's name and address
From	To		
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Military service history:

military branch	date + rank on entry	date + rank on separation	kind of discharge	where stationed
_____	_____	_____	_____	_____

Sources of funding, excluding employment or tuition reimbursement, for your proposed graduate studies:

If you attended Capital University in the past, are all of your previous financial obligations fulfilled? ____ Yes ____ No

If no, please explain _____

Will you receive tuition reimbursement? ____ Yes ____ No

Are you interested in Stafford Loan information? ____ Yes ____ No

Have you filed the Free Application for Federal Student Aid (FAFSA) and the Capital Supplemental Aid form?
____ Yes ____ No

If yes, date forms were submitted: _____. If no, do you need these forms? ____ Yes ____ No

Names of three references (former or current faculty or employers) who you have asked to write letters of recommendation regarding your academic/musical skills and your potential for success in graduate education:

1. _____ () _____
name and title daytime phone number

_____ complete address with ZIP code

2. _____ () _____
name and title daytime phone number

_____ complete address with ZIP code

3. _____ () _____
name and title daytime phone number

_____ complete address with ZIP code

SUBMISSION

Submit the completed application, writing sample, CV or résumé and the \$25 application fee to **Capital University Conservatory of Music, Graduate Program, c/o Dr. Sandra Mathias, 2199 E. Main St. Columbus, OH 43209-2394**. Have all transcripts and TOEFL score (if applicable) sent to the same address. Call (614) 236-6267 for more information.

"I certify this information is true and complete to the best of my knowledge. Misrepresentation or omission of information on this application may jeopardize acceptance and enrollment. I authorize my current and former employers and any schools, colleges or universities I have previously attended to release personal and academic information to Capital University in connection with this application."

_____ signature

_____ date

It is the policy of Capital University to admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally made available to students. Capital University does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational and other programs.

FOR OFFICE USE ONLY:

Reviewed by:

Date _____

Date _____

Date _____

Application fee:

Received on _____ Cash _____ Check No. _____ Accepted _____ Denied _____ Date _____