

CENTRAL CONNECTICUT STATE UNIVERSITY DEPARTMENTOF MUSIC

UNDERGRADUATE APPLICATION

To request an application for the graduate or post-baccalaureate certification program, please contact Heather Eaton at 860.832.2912 *or* music@ccsu.edu.

Please note: You must apply to both the Department of Music and to CCSU—and be accepted by both—in order to become a music major.

Name:			
Street:			
City:	State:	ZIP:	
Phone Number(s):	(home)		(cell)
E-Mail:		_	
Do you know your CCSU I.D. Nu	mber?		
PLEASE IND	OICATE YOUR PREFERRED (check one)	AUDITION DATE	
☐ Thurs, Nov 12, 2015	☐ Fri., Jan 29, 2016	Sat., Feb 27, 2016	



3 Sat., March 12, 2016

Fri., April 15, 2016

TELL US MORE ABOUT YOU...

Date of Birth:	Date of Birth: MM / DD / YYYY .					
Incoming Status (check one):	🛮 New/Freshman	☐ Current CCSU Student	☐ Transfer			
Most Recent High School Att	ended:					
Year of Graduation:	Year of Graduation: S.A.T. score:					
High School G.P.A.:	High School G.P.A.: Transfer G.P.A. (if applicable):					
Did you take the A.P. Music T	Theory exam? Y / N	If so, <i>circle</i> your score?	1 2 3 4 5			
If you are transferring from an each.	nother post-secondary i	nstitution, list the schools and	dates you attended			
YOUR GOALS						
Which degree program do you	1 1 ,	ck one)				
☐ Music Educatio	n major (teaching degree)					
☐ Music major ~	General Studies (No emph	pasis)				
☐ Music major ~	Jazz Studies Emphasis					
☐ Music major ~	Performance Emphasis					
☐ Music major ~	Theory/Composition Emp	hasis				
☐ Music minor						
YOUR AUDITION						
Primary Instrumen	nt:					
Audition Pieces (S	See the sheet A	udition Requirements fo	or guidelines):			
<u>Title</u>		<u>Composer</u>				
1)						
2)						

YOUR MUSIC BACKGROUND

High School music teacher(s) (List	up to two):	
Name	Email	Phone
1)	_	
2)	<u> </u>	
Ensemble(s) of Interest (check all tha	_	_
\square Band	☐ Marching Band	☐ Pep Band
☐ Choir/Chorus	☐ University Singers	
☐ Jazz Band	☐ Jazz Combo	
☐ Orchestra (Strings)	☐ Chamber Music	
If you play any other instruments oth	er than your primary instrume	nt, please list here:
Instrument (or Voice)	When did you study?	Teacher's Name
(
TT' 1		1 1
High school musical activities, include performances as soloist or in a small		rganizations and special
List any manifed activities in which we	u harra mantinimated autoida of	anh a a la
List any musical activities in which yo	ou have participated outside of	school:
Did you take the A.P. Music Theory	exam: Y / N If so, circle v	your score. 1 2 3 4 5

	NANCIAL AID mplete this section only if you are	interested in being	considered for a music scholars.	hip)
]	Residency Status (check one):	☐ In-State	☐ Out-of-State	
]	Have you applied to CCSU's Hor	nors Program (plea	se circle)? Y / N	
.1	Are you interested in being consid	dered for the Univ	ersity Singers Honors Scholars	ship? Y/N
]	List any personal, financial, or aca	ademic information	you wish to be considered:	
-				
_				
ES	SAY			
	Please write a brief essay describing CCSU. It should not exceed one	0 , ,	1	why you have chosen
SU	BMIT			
S	Signature		Date	

Please contact us with any questions: 860.832.2912 *or* music@ccsu.edu

Please mail this application and your essay to:

Central Connecticut State University
Department of Music
1615 Stanley Street
New Britain, CT 06050-4010

Upon receipt of your application materials, we will be in touch with you regarding your audition schedule.







