

## Application for Five-Year BM/MM Program

OFFICE OF ACADEMIC AFFAIRS  
PEABODY CONSERVATORY OF MUSIC  
1 EAST MOUNT VERNON PLACE  
BALTIMORE, MARYLAND 21202-2308

Please complete and return to the above address.  
**Application deadline is April 1.**

### PLEASE TYPE OR PRINT

1. I WILL PERFORM MY  309 JURY  
 JUNIOR RECITAL ON \_\_\_\_\_  
 HEARING
2. FULL NAME MR.  \_\_\_\_\_  
MS.  FIRST MIDDLE LAST (Family Name)
3. Instrument \_\_\_\_\_ If voice, what part do you sing? \_\_\_\_\_

## Recommendations

Recommendations must be received by April 15.

Give the names of the three people who will write letters of recommendation. Recommendations must be from:

- Studio Teacher
- Two recommendations from members of Humanities, Music Theory or Music History faculty

- A. Name (Studio Teacher) \_\_\_\_\_
- B. Name \_\_\_\_\_
- C. Name \_\_\_\_\_

**Five-Year BM/MM Program**

Copies of this page will be given to the faculty at your jury, recital, or hearing.

**NAME** \_\_\_\_\_

List below the compositions to be performed at the 309 jury, junior recital, or hearing.

**PLEASE TYPE OR PRINT**

**TITLE**

**COMPOSER**


- ACCEPT** into Five Year BM/MM Program
- DO NOT ACCEPT** into Five Year BM/MM Program

\_\_\_\_\_  
**Faculty Signature**