

Additional Questions

- To which concentration of the Master of Arts in Audio Sciences program are you applying? (Check only one)
 Acoustical Studies Recording and Production
- I will interview during: (Check one only)
 February Audition Week May Audition Week
 I will interview in person Interview in absentia
- Have you applied to Peabody before? No Yes. Year and degree applied for: _____
- Are you currently a Peabody Conservatory student applying for a new degree?..... Yes No
- Are you applying for a Johns Hopkins (Arts & Sciences, non-music) degree with a separate JHU application?..... Yes No
- List the universities, colleges or music schools in which you have pursued degree programs or diplomas.
(Do not list summer camps or workshops. Current Peabody students: Please list Peabody first).

School name (Most recent)	From	To	Zip Code	Degree and Major
School name	From	To	Zip Code	Degree and Major
School name	From	To	Zip Code	Degree and Major

- If you have not been attending school in recent years, please tell us what you have been doing. (limit of 340 characters)

- Who will be responsible for payment of tuition and expenses? _____ Relationship _____
 Go to www.peabody.jhu.edu/budget for more information.

Graduate Assistantships

If you want to be considered for a graduate assistantship, please indicate the areas in which you are experienced and feel qualified to assist. Go to www.peabody.jhu.edu/assistantships for more information. Assistant interviews requested (#1 is first priority).

#1 _____ #2 _____

Background Information

State (U.S.) or Country of Birth _____

Father's Name _____

Occupation _____

Educational Background _____

Mother's Name _____

Occupation _____

Educational Background _____

If some of your records show you with a different name (eg. Former, Non-English), what is it? _____

The following question requests that you voluntarily provide information on your race or ethnicity. Please be advised that the information sought is intended solely for Johns Hopkins' voluntary equal opportunity efforts. There is no requirement that you respond, and no adverse action will result if you do not answer. If you choose to respond, the information provided will be maintained confidentially.

If you wish to be identified with a particular ethnic group, please mark all that apply:

American Indian, Alaskan Native or Native Hawaiian

Asian or Pacific Islander

Tribal affiliation _____

Country of family's origin _____

Enrolled tribal member Yes No

Black, non-Hispanic White, non-Hispanic

Hispanic, Latino(a)

Other, specify _____ Prefer to not reply

Country of family's origin _____

Recommendations

Give the names of three people who are familiar with your academic and/or musical abilities and who will write notes of recommendation for you. Recommendations must be received by February 1, 2010 for February auditions and May 1, 2010 for May auditions to be included in your application folder.

Name _____

Position _____

Name _____

Position _____

Name _____

Position _____

Applicant Signature

The Johns Hopkins University does not discriminate on the basis of race, color, sex, religion, sexual orientation, national or ethnic origin, age, disability or veteran status in any student program or activity administered by the University or with regard to admission or employment. Questions regarding Title VI, Title IX and Section 504 should be referred to Ray Gillian, Assistant Provost and Director, Office of Equal Opportunity and Affirmative Action, Wyman Park Bldg, Room N-710, (410) 516-8075. The signer hereto acknowledges that s/he will become familiar with the policies and regulations as described on the Peabody website, and upon admission to the Institute agrees to those conditions including any financial obligations that may be incurred by such admission and subsequent enrollment. By signing this application, I acknowledge the right of the University to exclude at any time a student whose academic standing or general conduct is considered unsatisfactory.

Applicant Signature _____

Date _____

All materials submitted to the Admissions Office will become property of the Admissions Office and will not be returned.

AUTHORIZATION TO PAY BY CREDIT CARD

Please print clearly

Name of Student (first, middle, last)

Social Security Number of Student

Visa MasterCard American Express Discover Amount Authorized: \$100.00

Name (as on credit card)

Cardholder's Street Address Apt. #

City State/Province Zip/Postal Code Country

Card Number Expiration Date: (Month/Year)

Telephone: Day Evening

Cardholder's Signature



THE PEABODY CONSERVATORY
OF THE JOHNS HOPKINS UNIVERSITY