



THE PEABODY CONSERVATORY
OF THE JOHNS HOPKINS UNIVERSITY

SUPPLEMENT TO THE ELECTRONIC APPLICATION
ADMISSION 2010

Please type or print

Please complete and return to
Conservatory Admissions Office
The Peabody Institute of
The Johns Hopkins University
1 East Mt. Vernon Place
Baltimore, MD 21202-2308

Application deadlines
February or regional auditions—December 1
May auditions—April 15

Application Fee: \$100.00
Payable by credit card only.

For more information please contact
800-368-2521 or 410-234-4848
www.peabody.jhu.edu/admissions

Applicant Information

Degree Major

Last Name/Surname First Name Middle Name

Date of Birth (Month/Day/Year) U.S. Social Security Number Male Female

U.S. Citizen Permanent resident/Alien resident (Please attach a copy of your visa)

Other Citizenship. Country _____ Other Non-Immigrant Visa (Specify, eg. J-1, F-1) _____

Additional Questions

1. Have you filed the Online Application? Yes No

2. Are you interested in applying for the Peabody Pedagogy Program?..... Yes No

3. If you are a DMA applicant, are you also applying for MM - Music Theory Pedagogy?..... Yes No
or MM - Musicology?..... Yes No

4. Have you applied to Peabody before?..... Yes No
An individual may not apply for admission to a particular degree or diploma program more than **twice**.

5. Indicate the names of other institutions to which you are making application _____

6. 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 are applying for a MM, GPD, or DMA degree and 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 _____

Recommendations

Recommendations must be received by February 1, 2010 for February auditions and May 1, 2010 for May auditions to be included in your audition folder.

Name Position

Name Position

Name Position

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? _____

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

What musical career do you expect to follow after graduation? _____

If you have recently attended a community music school or a preparatory school associated with a conservatory (or school of music), tell us where and for how long. _____

List any other instruments you play and give the number of years studied. _____

Please describe your musical activities. Include summer programs (use a separate sheet if you wish). _____

List any family members or teachers who are Peabody Conservatory alumni. _____

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.

2010 AUDITION/INTERVIEW INFORMATION

Copies of this *filled out* form will be given to the faculty at your audition or interview.

Name _____ Age _____

- BM MM DMA
 PC GPD AD

High School/Secondary Education

School Name _____ State /Country _____ Zip Code _____ Date of Graduation _____

Higher Education

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 are currently enrolled in a post-secondary institution:

Do you hold a scholarship there? Yes No Will you be transferring credits? Yes No

Study of your major music field

Teacher's Name _____ Dates of Study _____ Frequency of Lessons _____

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Audition Repertoire

Please adhere to the audition requirements. If you make a change between now and your audition, please bring 10 copies of the revised audition list. *Composition majors only:* please indicate names and dates of works to be contained in your portfolio

FOR FACULTY USE ONLY

Solely on the basis of this audition, would you recommend the applicant be admitted to the Conservatory?..... Yes No

Solely on the basis of this audition, would you personally accept this applicant into your schedule?..... Yes No

How well was this audition performed compared with others you have heard? *Please circle appropriate number*

1 2 3 4 5 6 7 8 9 10
LOW AVERAGE HIGH

Please make performance comments on the back of this sheet. Federal regulations make it possible for students who are accepted and who attend Peabody to have access to their permanent files—which will contain your audition comments. Please consider this as you express yourself.

Faculty Signature

For transfer students only: accept as a Sophomore accept as a Junior

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



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