

# Lamont School of Music Certificate Application for Admission

## Applicant Information

Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

## Degree Program at Lamont

Intended Degree Program:

- Certificate in Orchestral Studies
- Certificate in Orchestral Conducting
- Certificate in Performance
- Certificate in Suzuki Teaching

Area of study (Instrument/Voice Type): \_\_\_\_\_ Secondary (optional): \_\_\_\_\_

## Musical Training

**Please attach a separate typed document with any additional information you would like to provide such as a resume, CV, or repertoire list**

Number of years of private instruction on your primary instrument: \_\_\_\_\_

Please list private teacher(s) and dates of study: \_\_\_\_\_

Private Teacher contact information (e-mail and/or postal address): \_\_\_\_\_

Music Organization and Ensemble Participation: \_\_\_\_\_

Solo or chamber music repertoire: \_\_\_\_\_

## Academic History

High School Attended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Grade Point: \_\_\_\_\_

TOEFL Score (International Students): \_\_\_\_\_

College/University last attended: \_\_\_\_\_ Highest Degree Earned: \_\_\_\_\_

TOEFL Score (International Students): \_\_\_\_\_

## Lamont Faculty Studio Instructor Preference

If you have a preference for whom you'd like to study with please indicate this Lamont faculty below:

\_\_\_\_\_

## Audition Request

Auditions for the 2012/13 academic school year will be held on the dates listed below. These auditions must be arranged through the Lamont School of Music Admissions. Scholarship priority will be given to students auditioning on the dates below. Please check the box indicating the date you wish to audition:

- |  |   |
|--|---|
| <input type="checkbox"/> Saturday, February 4, 2012, 10 a.m. - 5 p.m.  | <input type="checkbox"/> Alternate Date     |
| <input type="checkbox"/> Saturday, February 11, 2012, 10 a.m. - 5 p.m. | <input type="checkbox"/> DVD Recording      |
| <input type="checkbox"/> Saturday, February 18, 2012, 10 a.m. - 5 p.m. | <input type="checkbox"/> YouTube Video Link |

We will contact you to confirm your audition time.

If you are unable to attend a scheduled audition day, you may either contact the Lamont Admissions Office to schedule an alternate audition time or send in a recorded audition by DVD (preferred) or CD. Recorded auditions will be considered on a case by case basis and applicants who pass a successful recorded audition may be asked to audition live for Lamont Faculty. The priority scholarship deadline for receiving taped auditions is February 18th, 2012. Please send your recording, along with your completed Lamont Certificate Application to the address listed in the section below.

## Return Your Application

**Please return the application form to Lamont Admissions via mail, fax or email:**

Mailing Address: University of Denver  
Lamont Office of Admissions  
2344 E. Iliff Ave.  
Denver, CO 80208

Phone: (303) 871-6973

Fax: (303) 871-6382

Email: [Claire.Ami@du.edu](mailto:Claire.Ami@du.edu)

Website: [www.du.edu/lamont](http://www.du.edu/lamont)

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I understand that this application and all credentials included for my admission file are confidential and become the property of the University of Denver. These documents will not be returned, copied or released to any person(s) or myself. I certify that the information given in this application is true and complete without evasion or misrepresentation. I understand that willful omission, falsification or incomplete statements within this application may result in denial or admission or dismissal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date