

**Radford University  
Department of Music  
Information Form for Prospective Graduate Students**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ STUDENT I.D. NO. \_\_\_\_\_

FAX \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

NAME OF UNDERGRADUATE SCHOOL \_\_\_\_\_

Music Degree Program you are planning to pursue at Radford University:

\_\_\_ Master of Arts in Music

\_\_\_ Master of Science in Music (music therapy)

Describe briefly your goals and objectives for pursuing a Master of Music degree:

List experience in your proposed area of study:

List any instrumental, vocal or compositional experience outside your major area and number of years you have performed/studied:

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Indicate graduate assistantship areas for which you are interested in applying:

- |   |  |
|---|--|
| <input type="checkbox"/> Accompanying   | <input type="checkbox"/> Jazz          |
| <input type="checkbox"/> Band           | <input type="checkbox"/> Music Therapy |
| <input type="checkbox"/> Choral         | <input type="checkbox"/> Percussion    |
| <input type="checkbox"/> Computer Music | <input type="checkbox"/> Composition   |
| <input type="checkbox"/> Conducting     | <input type="checkbox"/> Music Theory  |
| <input type="checkbox"/> Guitar         | <input type="checkbox"/> Woodwinds     |
| <input type="checkbox"/> Piano          |  |

Describe experience and background relevant to interest areas checked above:

Mail this form to:

Dr. Eugene Fellin, Chairman  
Box 6968, Radford University  
Radford, VA 24142  
540-831-5177 fax: 540-831-6133  
Email: [efellin@radford.edu](mailto:efellin@radford.edu)

Applications received by March 30 will receive priority.