

Prospective Undergraduate
Student Information Form

Radford University
Department Of Music
College of Visual
and Performing Arts

NAME _____ DATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE: _____ CELL PHONE: _____

E-MAIL _____ STUDENT ID #: _____

Entering Radford as: (Please check one)

- Freshman
- Sophomore
- Junior
- Senior

Name of School _____
(New Freshman list High School, Transfers list Undergraduate College)

Semester of Anticipated Enrollment _____

Music Degree Program you are planning to pursue at Radford:

- Bachelor of Music *with a concentration in*
 - Music Education
 - Music Business
 - Music Therapy
- Bachelor of Arts in Music
- Bachelor of Science in Music

Proposed Major Area of Private Applied Music Study _____

List experience in your proposed major area of private study (*e.g. number of years studied, individual honors, etc.*)

List any instrumental or vocal experience outside of your major area of study and number of years performed.

List ensembles (performing groups) you have participated with while in high school or college and indicate what you did in each.

Please return this form to:

Eugene C. Fellin, Chairman
Department of Music
P.O. Box 6968
Radford, VA 24142