STUDENT INFORMATION		(print legibly)
All information must be completed and legible for this to be processed	ed. Submit by April 1 for best consi	deration (January 31 for Dare to Dream).
Date		
Anticipated Date of Enrollment: Year Semester: ☐ Fall	☐ Spring ☐ Summer	
Check one: ☐ Applying for Undergraduate Program ☐ Applyi	ng for <b>Graduate</b> Program	
CHECK THE SCHOLARSHIP(S) OF YOUR INTEREST:		
□ Dare to Dream: □ Voice □ Instrument □ Composition		iraduate Teaching Assistantships and
☐ Performance Scholarships, including ensemble scholarships		Graduate Scholarships (graduate music students only)
(All Andrews students are eligible to apply for ensemble scholar		Primary Instrument
☐ Chorale/Singers: Voice		□ Voice
☐ Symphony Orchestra: Instrument		Composition
☐ Wind Symphony: Instrument		Composition
☐ Piano		
Last/Family Name First Name		
Middle Name Maiden/Previous Name(s)		
Home Address: Street		
City	StateZip	Code Country
Home Phone Cell Phone		
Email Address		
Present or last school attended		
School Address		
City	State Zip	Code Country
School Phone		
Have you applied to Andrews University? ☐ Yes ☐ No	Have you been accepted to And	rews University?
Proposed major(s) Minor		
List your private music teachers and indicate your length of study	with each.	
TEACHER NAME	LENGTH OF STUDY	LOCATION
List musical organizations in which you have participated (start w	vith most recent).	
ORGANIZATION	WHEN	INSTRUMENT/VOICE
List all academic and musical awards, honors and recognitions you have received.		