



UNIVERSITY OF NORTH FLORIDA

Department Of Music

MUSIC ADMISSION AND SCHOLARSHIP APPLICATION

Auditionee General Information *(Please print legibly)*

Today's Date _____

Full Name _____

Main Instrument /Voice Type _____

Secondary Instrument/Voice Type _____

Social Security Number _____

Complete Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Email Address _____ Current G.P.A. _____

SAT Score _____ ACT Score _____

School Currently Attending _____

Have you applied to UNF? ____ Yes ____ No

If yes, have you been accepted? ____ Yes ____ No ____ Not notified yet

I plan to audition during the entrance/scholarship auditions on _____.

(Please call (904) 620-2961 to schedule an appointment.)

I intend to send a video or audio recording _____.

Degree Sought: ____ BM in Performance ____ BM in Jazz Studies

____ BA in Music ____ BAE in Music Education

I Plan to Enroll at UNF for the _____ semester of academic year 20 _____.

Attach a list of any Music Honors (All-State band, All County Chorus, etc...)

Please mail to:

Music Department Applications
University of North Florida
4567 St. Johns Bluff Road South
Jacksonville, FL 32224-2659

OFFICE USE ONLY
ADMISSION STATUS _____
SCHOLARSHIP AMOUNT _____
OSTW _____
Audition Date _____
Signature _____