

Stony University Department of Music
ADULT CHAMBER MUSIC PROGRAM
Application for Admission
Spring 2008

Registration Fee: \$25.00
Make checks payable to **Pre-College Music Program**
Mail your completed application and registration fee to:
Pre-College Music Program
Department of Music
Stony Brook, NY 11794-5475

Please type or print clearly and answer all questions completely.

Section A: Personal Information

Legal name: _____ Sex: *Female* *Male*
First Middle Last

Mailing Address: _____
Street address

City State/Province Zip/Postal Code

Email Address: _____
(required – please print carefully)

Phone: MOBILE HOME OFFICE (_____)
(circle one)

Have you previously enrolled in the Adult Chamber Music Program? YES NO If so, when? _____

Section B: Music Background and Information

Major instrument or field (e.g. Oboe, Composition, Voice/Soprano) _____

Total years of musical instruction *(specify instruments)* _____

Please enclose your check or money order for \$25.00 (DO NOT SEND CASH) and sign the statement below.

I certify to the best of my knowledge and belief the information offered above is true and complete. I understand that the application fee is non-refundable.

Applicant Signature

Date