

STUDENT APPLICATION FORM

Exchange study place at the Eastman School of Music (University of Rochester)

(Photograph)

ACADEMIC YEAR 20 / 20

FIELD OF STUDY: Music and Musicology

MAIN SUBJECT: _____

This application should be completed in BLACK in order to be easily copied and/or telefaxed.

| |
|----------------------------------|
| Sending Institution |
| Coordinator International Office |

STUDENT'S PERSONAL DATA

| | |
|--------------------------------|-----------------------------------|
| Family name: | First name(s): |
| Date of birth: | Place of birth: |
| Sex: | Nationality: |
| Current address: | Permanent address (if different): |
| Current address is valid until | Tel./Fax: |
| Tel./Fax: | e-mail: |

DESIRED PERIOD

- Winter semester 20 / 20
- Academic Year 20 / 20 (winter semester 20 / 20 & summer semester 20)

| | |
|--|----------------------|
| Discipline: (Main Subject) | Preferred professor: |
| Other disciplines apart from main subject: | |

LANGUAGE COMPETENCE

| | | | | | | |
|-----------------|---|----|--|----|--|----|
| Mother tongue: | Language of instruction at home institution (if different): | | | | | |
| Other languages | I am currently studying this language | | I have sufficient knowledge to follow lectures | | I would have sufficient knowledge to follow lectures if I had some extra preparation | |
| | Yes | No | Yes | No | Yes | No |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

MUSICAL EDUCATION (e.g. masterclasses, conservatoires, experiences, competitions, prizes)

DEPARTMENTAL COMMENTS

I recommend the exchange period

I do not recommend the exchange period

Signature teacher main subject: _____

Name teacher main subject (in printed letters) _____

PREVIOUS AND CURRENT STUDY

| | |
|---|--|
| Diploma/degree for which you are currently studying: | |
| Number of higher education study semesters prior to departure abroad: | |
| Have you already been studying abroad? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If Yes, when? At which institution? | |

Possible comments:

| | |
|----------------------|--|
| Student's signature: | Institutional coordinator's signature: |
| Date: | Date: |