



Application for Non-matriculated Studies (Special Student Status)

*Please return to the Academic Affairs Office for review and approval.
26 Gibbs Street, Room 110, Rochester, New York 14624 • Telephone: (585) 274-1020*

Application for which semester of study:		Previous semester of study, if any (most recent):	
Student Information			
Name:		Today's Date:	
Address:		Date of Birth:	
City, State, Zip:		Phone #:	Fax #:
U.S. Social Security #:		E-mail:	
If not a U.S. Citizen, please indicate foreign address: _____			
City of Birth: _____		Country of Birth: _____	
Country of Citizenship: _____		Current Immigration Status: _____	
Course Information			
Collegiate level of courses: (Check one) <input type="checkbox"/> Baccalaureate <input type="checkbox"/> Master <input type="checkbox"/> Doctoral			
If you are applying for private lessons, please submit a recording.			
Course number(s) and title(s): _____			
Educational and Musical Background			
Submit a copy of your most recent academic transcript – for first-time applicants only.			
Degrees Obtained/Institution of Study: _____			
Additional Musical Training: _____			
Related Experience: _____			
Language Skills			
If English is not your first language, please indicate your level of fluency or education in the English language. (Provide TOEFL scores, if possible.)			
For Office Use Only			
Applied Music Audition/Tape: _____		Music History/Theory Testing _____	
Distribution: <input type="checkbox"/> Bursar, <input type="checkbox"/> Registrar, <input type="checkbox"/> Teacher(s): _____			
Health History Form: _____		Payment Agreement: _____	
Approved: _____		Date: _____	
Comments: _____			