



**AZUSA PACIFIC**  
UNIVERSITY

**School of Music**  
901 E. Alosta Avenue  
PO Box 7000  
Azusa, CA 91702-7000  
USA

Web: [www.apu.edu/music/](http://www.apu.edu/music/)  
Email: [schoolofmusic@apu.edu](mailto:schoolofmusic@apu.edu)  
Phone: +1 (626) 815 - 3848  
Fax: +1 (626) 969 - 7419

## APPLICATION FOR ARTIST CERTIFICATE PROGRAM

Welcome to Azusa Pacific University's Artist Certificate Program application process. Please feel free to contact us at the School of Music at [schoolofmusic@apu.edu](mailto:schoolofmusic@apu.edu) if you have questions regarding this process.

The required application materials needed to apply to the Artist Certificate Program are listed below. Send all of the items listed to the Azusa Pacific University School of Music by the appropriate deadline. Once all application materials are received in a satisfactory manner, an admissions decision will be made, and the applicant will be notified of the decision within six to eight weeks.

### ***For International Students Only:***

A TOEFL score indicated basic conversation English language is required. Once accepted into the program, the APU International Center will mail the applicant a letter of acceptance from the School of Music and an additional packet of an International Student Application. Once again, when all items required are received in a satisfactory manner, APU will mail the student an I-20 immigration form, which must be taken to a United States Embassy/Consulate to obtain a student visa.

Each application is considered on an individual basis by the appropriate faculty and the program director. Please note that all materials submitted for application purposes become the property of APU and will not be returned.

### **Submit all application materials to:**

School of Music – Artist Certificate Program  
Azusa Pacific University  
901 E. Alosta Avenue  
P.O. Box 7000  
Azusa, CA 91702 -7000, USA

Tel: +1 (626) 815 - 3848 Fax: +1 (626) 969 - 7419  
Email: [schoolofmusic@apu.edu](mailto:schoolofmusic@apu.edu) Website: [www.apu.edu/music/](http://www.apu.edu/music/)

## Application Requirements

To apply to the Artist Certificate Program, please submit the following items to APU School of Music by the appropriate deadline. Application requirements are subject to change. If they change, applicants will be notified of the new requirements during the application process.

### **Application Deadlines**

There are two selection processes for the Fall semester and one for the Spring. All applications for Fall semester must be postmarked by **February 15<sup>th</sup>** for the first selection process and **April 1<sup>st</sup>** for the second selection process, and all applications for Spring semester must be postmarked by **September 15<sup>th</sup>**. Late applications will not be guaranteed priority.

### **Application Checklist**

- **Artist Certificate Application Form**
- **\$65 (U.S.) nonrefundable application fee**
- **Audition Video**  
Live auditions are preferred for local applicants; DVDs (any region) are also acceptable. Students may upload their audition videos to YouTube and list the web address in their application. The audition video should be high-quality and constitute a total of at least 30 minutes of music from the audition repertoire list (please refer to the Audition Repertoire list for your area of study).
- **A professional photograph**
- **Curriculum Vitae (CV) or Resume**
- **Two recommendation forms (written in English) – attached**  
Forms should be completed by professors or employers (non-family members) who have knowledge of the applicant's academic ability and potential.
- **Letter to the Program Director**  
Submit a letter to the Artist Certificate Program Director describing your educational goals as well as short- and long-term professional goals. Please also include what you hope to accomplish by participating in the Artist Certificate Program.

# ARTIST CERTIFICATE PROGRAM APPLICATION

Complete this form and submit it with all items listed under "Application Requirements" on page one. Please type or print clearly.

Today's Date: \_\_\_\_\_ Instrument or Voice Type: \_\_\_\_\_  
Month / Day / Year (Clarinet, Soprano, Piano, Violin, etc.)

Term applying for (please check): \_\_\_\_\_ Deadlines  
 Fall-15 wk. (September) Year: \_\_\_\_\_ February 15 and April 1st (Fall)  
 Spring-15 wk. (January) September 15th (Spring)

Name (as in passport): \_\_\_\_\_  
last (family) name first (given) name middle

Gender:  Male  Female Marital Status:  Single  Married

Date of Birth: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  
Month / Day / Year

City / Country of Birth: \_\_\_\_\_

Residency (please check):  
 US (U.S. Citizen)  NR (Not a U.S. Resident)  PR (Permanent Resident of USA – green card)  
\*If you are not a U.S. citizen or permanent resident of the U.S., you must complete additional forms for admission through the International Center, +1-626-812-3055 or international@apu.edu.

Current Mailing Address (required):  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP (postal code) Country

Home Country Address (required for international students):  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City State ZIP (postal code) Country

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Home Country Phone (international students only) : (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Have you previously applied for admission to Azusa Pacific University?  No  Yes

If yes, as:  Undergraduate  Graduate Date applied: \_\_\_\_\_

Have you previously enrolled at Azusa Pacific University?  No  Yes

Dates attended: \_\_\_\_\_ Program / major: \_\_\_\_\_

Degree earned:  B.A./B.S./B.M.  M.A./M.S./M.A./M.M.  Ed./M.Div./MBA

Other: \_\_\_\_\_ Date earned: \_\_\_\_\_

If you are applying as an international student, please answer the questions below.

Are you currently in the U.S.?  No  Yes

If yes, what type of visa status are you currently in (F-1, J-1, H-1, B-1, B-2, etc.)? \_\_\_\_\_

If you are married, will you bring your spouse or child(ren) with you?  No  Yes

If yes, please give the following information:

Name of Spouse (as in passport):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month / Day / Year

Country of Citizenship: \_\_\_\_\_

Name of Child (as in passport):

City / Country of Birth: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month / Day / Year

Country of Citizenship: \_\_\_\_\_

Gender:  Male  Female

City / Country of Birth: \_\_\_\_\_

Name of Child (as in passport):

\_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Month / Day / Year

Country of Citizenship: \_\_\_\_\_

Gender:  Male  Female

City / Country of Birth: \_\_\_\_\_

\*Estimated cost for living for each student is \$12,500 (U.S.).

\*\*Additional support must be available annually in the amount of \$9,500 (U.S.) for your spouse and \$7,500 (U.S.) for each child listed.

# RECOMMENDATION FORM

**Applicant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(as in passport) last name first name middle initial Month / Day / Year

**Current Mailing Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP (postal code) Country

**Desired program:** \_\_\_\_\_ **Gender:** \_\_\_ Male \_\_\_ Female

To the applicant: Please fill out the information above and check the appropriate box below. Please also understand that this completed recommendation will be used only for admission purposes, according to the Family Educational Rights and Privacy Act.

I agree to waive the right to view this form in my file at APU.  
 I do not agree to waive this right. I wish to retain access to view this form in my file at APU.  
 (A waiver is NOT required as a condition of admission.) **Date:** \_\_\_\_\_  
Month / Day / Year

The above named applicant is applying for admission to Azusa Pacific University and is asking you to write a recommendation for him/her. We greatly appreciate your honest and complete answers. Please print clearly.

How long have you known the applicant?

\_\_\_\_\_  
 \_\_\_\_\_

What is your relationship to the applicant (and in what capacity have you interacted with him/her)?

\_\_\_\_\_  
 \_\_\_\_\_

Compared to individuals you have known at a similar level of development, please evaluate the applicant on each:

factor listed below:	Superior	Above Average	Average	Below Average	Do Not Know
<b>Academic aptitude</b>					
<b>Adaptability</b>					
<b>Cooperation</b>					
<b>Dependability</b>					
<b>Emotional stability</b>					
<b>Goal orientation</b>					
<b>Interpersonal relations</b>					
<b>Leadership</b>					
<b>Oral communication (in English)</b>					
<b>Personal integrity</b>					
<b>Potential to complete program</b>					
<b>Task accomplishment</b>					
<b>Written communication (in English)</b>					

Please describe any situations or incidents which you feel best illustrate this applicant's abilities.

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Please comment on strengths and weaknesses you have observed in the applicant.

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Additional comments you would like to add that will help us gain a better understanding of this applicant:

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**What is your recommendation for the admission of this applicant?**

Strongly Recommend    Recommend    Recommend with Reservation    Do Not Recommend

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Address:**

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State ZIP (postal code) Country

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Institution/Employer:** \_\_\_\_\_ **Business phone:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month / Day / Year

PLEASE RETURN THIS FORM TO: Azusa Pacific University, School of Music – Artist Certificate Program  
901 East Alost Avenue, PO Box 7000, Azusa, California 91702-7000, USA  
Fax: +1 (626) 969 – 7419 Email: schoolofmusic@apu.edu

# RECOMMENDATION FORM

**Applicant's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
(as in passport) last name first name middle initial Month / Day / Year

**Current Mailing Address:**  
 \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City State ZIP (postal code) Country

**Desired program:** \_\_\_\_\_ **Gender:**  Male  Female

**To the applicant: Please fill out the information above and check the appropriate box below. Please also understand that this completed recommendation will be used only for admission purposes, according to the Family Educational Rights and Privacy Act.**

- I agree to waive the right to view this form in my file at APU.
- I do not agree to waive this right. I wish to retain access to view this form in my file at APU.  
(A waiver is NOT required as a condition of admission.) **Date:** \_\_\_\_\_  
Month / Day / Year

**The above named applicant is applying for admission to Azusa Pacific University and is asking you to write a recommendation for him/her. We greatly appreciate your honest and complete answers. Please print clearly.**

How long have you known the applicant?  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your relationship to the applicant (and in what capacity have you interacted with him/her)?  
 \_\_\_\_\_  
 \_\_\_\_\_

Compared to individuals you have known at a similar level of development, please evaluate the applicant on each:

factor listed below:	Superior	Above Average	Average	Below Average	Do Not Know
<b>Academic aptitude</b>					
<b>Adaptability</b>					
<b>Cooperation</b>					
<b>Dependability</b>					
<b>Emotional stability</b>					
<b>Goal orientation</b>					
<b>Interpersonal relations</b>					
<b>Leadership</b>					
<b>Oral communication (in English)</b>					
<b>Personal integrity</b>					
<b>Potential to complete program</b>					
<b>Task accomplishment</b>					
<b>Written communication (in English)</b>					

Please describe any situations or incidents which you feel best illustrate this applicant's abilities.

Horizontal lines for describing situations or incidents.

Please comment on strengths and weaknesses you have observed in the applicant.

Horizontal lines for commenting on strengths and weaknesses.

Additional comments you would like to add that will help us gain a better understanding of this applicant:

Horizontal lines for additional comments.

What is your recommendation for the admission of this applicant?

\_\_\_ Strongly Recommend \_\_\_ Recommend \_\_\_ Recommend with Reservation \_\_\_ Do Not Recommend

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address:

Street Address

City State ZIP (postal code) Country

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Institution/Employer: \_\_\_\_\_ Business phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month / Day / Year

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901 East Alost Avenue, PO Box 7000, Azusa, California 91702-7000, USA  
Fax: +1 (626) 969 – 7419 Email: schoolofmusic@apu.edu

**STATEMENT OF AGREEMENT**

Please read carefully and agree to the following by signing below:

As a Christian university, we uphold the following statement of mission and purpose: Azusa Pacific University is an evangelical Christian community of disciples and scholars who seek to advance the work of God in the world through academic excellence in liberal arts and professional programs of higher education that encourage students to develop a Christian perspective of truth and life. Students do not have to be Christians, but need to understand that they will encounter learning about the Christian faith.

If admitted to Azusa Pacific University, you are expected to abide by the rules and regulations of Azusa Pacific University, as well as the Artist Certificate Program.

*I certify that the above information is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, standards, and regulations at Azusa Pacific University and respect the ideals, principles, and traditions it upholds as a Christian institution of higher learning. I authorize the university to verify the information I have provided. I further understand that this information will be relied upon by the officials of the university in determining my admission status and that the submission of false information is grounds for rejection of my application, withdrawal of an offer of acceptance, dismissal from the university, revocation of the Artist Certificate, and/or other disciplinary action.*

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month / Day / Year

Azusa Pacific University, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, and Section 504 of the Rehabilitation Act of 1975, does not discriminate on the basis of race, color, national origin, religion, age, gender, disability, or status as a veteran in any of its policies, practices, or procedures.



# **CONTRACT OF AGREEMENT TO PURCHASE HEALTH INSURANCE (FOR INTERNATIONAL STUDENTS ONLY)**

Please read carefully and agree to the following by signing below:

Azusa Pacific University requires all international students to purchase health insurance through the University. If admitted to Azusa Pacific University, you are expected to purchase the University health insurance. The cost of the APU Student Health Insurance is estimated to be \$700 – \$1000 a year and is subject to change.

*I certify that I understand and accept the requirement listed above. If my application is accepted, I agree to abide by the policies, standards, and regulations at Azusa Pacific University and respect the ideals, principles, and traditions it upholds as a Christian institution of higher learning. I further understand that this information will be relied upon by the officials of the university in determining my admission status and that the submission of false information is grounds for rejection of my application, withdrawal of an offer of acceptance, dismissal from the university, revocation of the Artist Certificate, and/or other disciplinary action.*

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Month / Day / Year

*Azusa Pacific University, in compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, and Section 504 of the Rehabilitation Act of 1975, does not discriminate on the basis of race, color, national origin, religion, age, gender, disability, or status as a veteran in any of its policies, practices, or procedures.*