



**BRANDON
UNIVERSITY**

Founded 1899

APPLICATION FOR ADMISSION

BMus (Music Education Specialist) Degree Program

NAME _____
Surname, given names: as shown on birth certificate (no abbreviations, please)

STUDENT NUMBER: _____

LOCAL ADDRESS _____

TELEPHONE NUMBER _____

PERMANENT ADDRESS _____

MUSIC ED EMPHASIS

Elementary	<input type="checkbox"/>
Choral	<input type="checkbox"/>
Instrumental	<input type="checkbox"/>

SECONDARY TEACHING AREA _____

ADDITIONAL DOCUMENTATION :

Current Cumulative Grade Point Average: _____

Please attach:

- (1) A statement of your educational goals, and the ways in which this Specialist degree will help you meet them.
- (2) An outline and brief description of all teaching-related activity in which you have been engaged.

Applicant's Signature: _____ **Date:** _____

Chair, JDME: _____ **Date:** _____

Please submit to Chair of Music Education

270-18th Street
Brandon, Manitoba
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www.brandonu.ca