Application for Graduate Assistantship
University of Minnesota Duluth Department of Music

Please complete and return this form to:

UMD Dept. of Music
Graduate Program
31 W. College Street
Chester Park #206
Duluth, MN 55812

Name: ___________________________ Phone: (_____) __________________
Mailing Address: __________________________ e-mail: _______________________

Please list Education History (including high school)

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<th>Name of School</th>
<th>Date Graduated</th>
<th>Degree Earned</th>
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Please indicate your area of preference for a Graduate Assistantship (preference does NOT indicate your final assignment)

___ Bands    ___ Choirs   ___ Music Education
___ Athletic Bands   ___ Opera   ___ Collaborative Piano
___ Orchestra   ___ Music Theory   ___ Piano Instruction
___ Music History

Please provide background/experience you have in the areas you have selected and why you are interested in a G.A. in this/these area(s):

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Are you applying for any other forms of financial aid? Yes___ No ___
If so, please indicate what types and from what source (student loans, fellowships, T.A.s in other departments, etc.)

__________________________________________________________________________