Application for Graduate Teaching 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>
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Please indicate your area of preference for Teaching 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 T.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.)

________________________________________________________________________

Updated: 10/19/2018