

## MUSIC DEPARTMENT PERFORMANCE CERTIFICATE APPLICATION



University of Hawai'i at Mānoa Music Department

<b>SEMESTER APPL</b> Please fill in the infor	YING FOR mation com	: D Sprng 2	017 . □ Fall 20 arly.	)17 . 🗆 S	Spring 2	:018	
I. BIOGRAPHICAL	_ INFORM/	ATION					
Name (as shown on	passport):	Family/Last	Given/First		Middle		
Date of Birth (month/		·					
O Diudh		— Country	- f Oiting a phin		_		
Country of Birth	•	of Citizenship					
Email Address:							
Permanent Mailing Address (in home country)  Street							
City	Province/	Territory	Count	Country		Postal Code	
Home Telephone	phone Cellular						
Address in Hawaii	(to be fille	ed in upon arriva	<u>al)</u>				
City		Postal Code				Phone	
II. MUSICAL BACK	(GROUND						
Primary Instrument o	r Voice						
Requested Teacher	(if none, plea	ase leave blank	ί)				
. ☐ I am submitting a recording instructions	recorded C 3)	D or DVD Audit	tion (please see	audition r	repertoir	e and	
. I have scheduled	a live auditi	on or previously	y auditioned in	City/Coun	on	Audition Date	
Selected Performance	es/Honors//	Awards/Summe	er Festivals (or a	uttach a re	sume)		
Event			,			Dates	
	_						

III. ELIGIBILITY							
I graduated from///							
List every college, university, or other post-secondary school attended.							
Name of institution   City/Country   Dates attended   Date diploma							
		(fromto)	received				
(Submit copies of university transcripts with application)							
If English is NOT your first (native) language.							
TOEFL or IELTS on/ MONTH/YEAR TEST TYPE SCORE							
		S with this application, if a					
(Submit copy of lest res	suits for TOEFL, TELT	S with this application, if as	raliabi <del>e</del> .)				
IV. FINANCIAL STATEMENT SOURCE OF FINANCIAL SUPPORT (CHECK ONE)							
Student (self)							
Student's Immediate Family Member (parent, spouse, or sibling over 21):							
Relationship:							
Name and Address:							
U.S. Permanent Resident/Citizen Sponsor (you must also submit an Affidavit of Support)							
Name and Address:							
V. APPLICANT CERTIFICA	TION						
I certify that the above information is complete and accurate to the best of my knowledge. I understand that providing incomplete, incorrect, or false information may result in the denial of my admission to or dismissal from the program. I agree to adhere to all program policies during my term of study.							

SIGNATURE

DATE

## VI. RISK AND RELEASE

## **Assumption of Risk and Release**

The personal safety of our students is a major concern at the University of Hawai'i at Manoa. Dangerous activities are avoided and not endorsed by the program. Students may be required or invited to participate in activities off-campus as part of the Performance Certificate program. Your signature on this form releases the University and its employees from responsibility in the event of damage to personal property, personal injury, or death while on a program activity, including transportation to and from the activity. **Please read below, sign and date.** 

I, the undersigned, in full recognition and appreciation of the dangers and hazards inherent in the UP program and during transportation to and from UP activities, to which I may be exposed during my enrollment and participation in UP, do hereby agree to assume all the risks and responsibilities surrounding my participation in that program or activities undertaken as an adjunct thereto; and further, I do for myself, my heirs, executors, and administrators hereby defend, hold harmless, indemnify, release and forever discharge the University and all its officers, agents and employees from and against any and all claims, demands, and actions, or cause of action, on account of damage to personal property or personal injury, or death which may result from my participation, and which result from causes beyond the control of, and without the fault or negligence of the University, its officers, agents or employees, during the period of my participation as aforesaid.

IN WITNESS WHE	REOF, I have cau	ised the release to	be executed this	
day of		, 20		
DATE	MONTH	YEAR		
SIGNATURE				
VII. CHECKLIS				
Along with this app	lication form, sub	mit the following:		
Perform	ance Audition or	Audition CD/DVI	)	
1 Letter any	of Recommendate other factors that	ion accessing appl t pertain to the app	icants musical skill, potential, work habits, and licant's ability to attain this certificate.	
are			econdary institution attended. If the transcripts o submit a version officially translated into	
$\Box$ TOEFL	or IELTS Score			
□ \$200 A <sub>I</sub>	oplication Fee			
Please send all mate	rials to:			

International Programs of Outreach College c/o Dennis Chase 2425 Campus Road, Sinclair Library 301 Honolulu, HI 96822 USA