



## SECTION B: PRACTICAL STUDY

Languages

Spoken:  English     French     Italian     German     Other

Sung:     English     French     Italian     German     Other

Name of Current Piano Teacher:

Contact Information of Current Teacher:

Street #      Street Name      Apt.#

City      Province/State      Postal/Zip Code

Country

PHONE

(      )

How long have you studied with this teacher?

From      To  
Month    Year    Month    Year

**Former Teachers:**

**\*You are required to attach an up-to-date resume that includes both your amateur and professional experience in playing and conducting.**

## SECTION C: MUSICAL TRAINING

List all private study and other musical training in order of attendance, most recent first.

**SECTION D: EDUCATIONAL INSTITUTIONS ATTENDED**

**Secondary School(s) Attended**

Institution Name	Country	Prov./State	City	From Date		To Date	
_____	_____	_____	_____	_____	_____	_____	_____
				Month	Year	Month	Year
_____	_____	_____	_____	_____	_____	_____	_____
				Month	Year	Month	Year

**POST-SECONDARY INSTITUTIONS ATTENDED**

(Please list ALL post-secondary institutions attended or being attended including colleges and universities. List in order of attendance, most recent first.)

Institution Name	Country	Prov./State	City	From Date		To Date	
_____	_____	_____	_____	_____	_____	_____	_____
				Month	Year	Month	Year
_____	_____	_____	_____	_____	_____	_____	_____
				Month	Year	Month	Year

How many years of university level study will you have completed by June 2012? \_\_\_\_\_

Have you previously completed one of more degrees?  Yes  No

Will you be completing a degree by June 2012?  Yes  No

If you have previously had a degree(s) conferred or will be completing a degree by June 2012, please indicate the degree designation and the institution at which it was obtained in the columns below.

_____	_____	_____	_____
Degree	Institution Name	Degree	Institution Name
_____	_____	_____	_____
Degree	Institution Name	Degree	Institution Name

The University of Toronto respects your privacy. The information on this form is collected pursuant to section 2(14) of the University of Toronto Act, 1971. It is collected for the purpose of administering admission, registration, academic programs, university-related student activities, activities of student societies, financial assistance and awards, graduation and university advancement, and for the purpose of statistical reporting to government agencies. At all times it will be protected in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have questions, please refer to [www.utoronto.ca/privacy](http://www.utoronto.ca/privacy) or contact the University Freedom of Information and Protection of Privacy Office at 416-946-7303, McMurrich Building, room 201, 12 Queen's Park Crescent West, Toronto, ON, M5S 1A8.

**By signing this form I agree that all information provided is true and accurate. I understand that if the university finds to the contrary, my association with, admission to or registration in the university may be withdrawn and cancelled at any time.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date