



MICHAEL AND ANNE GREENWOOD  
SCHOOL OF MUSIC  
College of Arts and Sciences

# Graduate Admission Status Form

Student Name: \_\_\_\_\_ CWID \_\_\_\_\_  
Last, First, M.I.

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Local Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Undergraduate Degree (Institution & Major) \_\_\_\_\_

Applied Instrument/Voice: \_\_\_\_\_

Proposed Degree Track:

**Applied**

**Conducting**

First semester you plan to enroll at OSU: Fall \_\_\_\_ Spring \_\_\_\_ Year \_\_\_\_\_

Status:  New Student  Former Student being re-admitted  Transfer Student from \_\_\_\_\_

## TO BE COMPLETED BY STUDIO FACULTY AND/OR AREA COORDINATOR:

Audition presented (date): \_\_\_\_\_

Accepted for degree program (track): \_\_\_\_\_

Accepted **provisionally**. Conditions for full acceptance: \_\_\_\_\_

Acceptance **denied**.

Remarks:

Auditioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Auditioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Auditioner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*Please submit form to the Graduate Coordinator as soon as completed. It will reside in the student's official Music Department Graduate file.**