Applying for Admission

Application Steps for Doctor of Occupational Therapy (OTD) Applicants:

1. Complete the entire Graduate Degree Seeking Application thoroughly. An incomplete application cannot be considered and will be returned to the applicant. Please note: the OTD program only admits students for fall semesters. Please indicate a fall start term on your application.

2. Submit the non-refundable application fee of $50. Checks or money orders should be made payable to Belmont University.

3. Submit two recommendations – Have two people (non-relatives) complete a recommendation form (enclosed in this application packet). At least one of the references must be from a healthcare provider, preferably an Occupational Therapist.

4. Submit official transcripts, from all colleges and/or universities attended, even those from which transfer credits were received. For a transcript to be official, it may not be marked “Issued to Student” or have previously been opened. All official transcripts must be on file with the Office of Admissions before an admissions decision can be made. In addition, applicants with postsecondary course work from foreign institutions must have their transcripts evaluated by a foreign credential evaluation service such as, World Education Services (www.wes.org) or Joseph Silny (www.jsilny.com). The evaluation and all official transcripts must be submitted. Please allow 4-6 weeks for all official transcripts to be received.

5. Submit official GRE (Graduate Record Examination) test scores which must have been earned within the last five years. Please allow 4-6 weeks for official test scores to be received.

6. Submit proof of 50 observation hours - applicants must demonstrate familiarity with occupational therapy in the form of 50 hours of observational, volunteer experiences or prior work experience in occupational therapy. These hours do not have to be completed prior to the application process, but must be completed before the start of occupational therapy classes.

7. Submit Prerequisite Documentation Form – Please see Occupational Therapy website (www.belmont.edu/ot) for details and a list of required pre-requisites.

8. Essay - Using the enclosed form, submit a one page, handwritten statement explaining how becoming an occupational therapist will help you reach your career goals.

Admissions Requirements

Admission requirements are program specific. For a list of the admissions requirements, please visit the admissions website (http://www.belmont.edu/prospectivestudents/graduate/index.html) and click on the program you wish to view. Applications for admission are also program specific so be sure to download and submit the application of the program to which you intend to apply. You can find a list of program applications at (http://www.belmont.edu/prospectivestudents/graduate/index.html).

International Applicants

1. International applicants whose native language is not English must demonstrate proficiency in the English language by submitting official TOEFL scores (required minimum of 550 PBT or 80 iBT) or by successful completion of ELS Language Center Level 112.

2. International applicants with college level course work from foreign institutions must have their transcripts evaluated by a credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny & Associates (www.jsilny.com).

3. In order to be issued an I-20 for the desired entry term, international applicants must be admitted no later than June 1 in order to enroll for the fall term.

Please send all application materials to:

Belmont University
Office of Admissions
1900 Belmont Blvd.
Nashville, TN 37212
615-460-5434 Fax

Questions about your application and/or requirements should be directed to:

Belmont University School of Occupational Therapy
1900 Belmont Boulevard
Nashville, TN 37212-3757
Phone: 615-460-6798
otd@belmont.edu
Belmont University
Degree Seeking Application for Graduate Admission

Applicant Information

Term you are applying for __________________________
Degree you are applying for _______________________
Program you are applying for _______________________
Program Track/Concentration _______________________

Have you previously applied for admission to Graduate Studies at Belmont University? □ Yes □ No
If yes, what program? __________________ for what term? __________

Have you previously attended Belmont University? □ Yes □ No If yes, for what term? __________

Personal Data

First Name ___________________ Middle Name ___________________ Last Name ___________________
Preferred First Name ___________________ Former Last Name (if any) ___________________
Social Security Number: ___________________ Email Address ___________________
Mailing Address Line 1 ___________________
Mailing Address Line 2 ___________________
City ___________________ State/Province ___________________ Zip/Postal Code ___________________ Country ___________________
Home Phone (_____) ___________ Work Phone (_____) ___________ Cell Phone (_____) ___________

Please select your citizenship status □ US Citizen □ Dual US Citizen □ Permanent US Resident □ Other

If you are not a US Citizen, please fill out the International Supplement.

The following information is requested for statistical purposes only; completion is optional

Date of Birth ___________ Gender □ Male □ Female
Are you a US Armed Services Veteran? □ Yes □ No

Marital Status □ Single □ Married □ Separated □ Divorced □ Remarried □ Widowed
Religious Preference ___________________

Ethnic Background: Are you Hispanic or Latino? □ Yes □ No

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member.

□ American Indian or Alaska Native □ Asian □ Black or African American

□ Native Hawaiian or Other Pacific Islander □ White
Education Information

List the names and locations of all colleges/universities at which you have taken courses (including Belmont if you are a former student) and the degrees you have been awarded starting with the most recent. Please attach Additional Education Information Sheet, enclosed in this application packet, if needed. All official transcripts must be mailed directly to the Belmont University Office of Admissions from each institution. In addition, students with postsecondary course work from foreign institutions must have their transcripts evaluated by a foreign credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny (www.jsilny.com).

Institution Attended 1

College/University Name _____________________________

City _____________________________ State/Province _____________ Country _____________________________

Date attended from (MM/DD/YYYY): ___________ to: ___________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected _____________________________ if no degree earned/expected, please leave blank

Institution Attended 2

College/University Name _____________________________

City _____________________________ State/Province _____________ Country _____________________________

Date attended from (MM/DD/YYYY): ___________ to: ___________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected _____________________________ if no degree earned/expected, please leave blank

Institution Attended 3

College/University Name _____________________________

City _____________________________ State/Province _____________ Country _____________________________

Date attended from (MM/DD/YYYY): ___________ to: ___________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected _____________________________ if no degree earned/expected, please leave blank

Employer Information (if applicable)

Employer Name _____________________________ Current Position _____________________________

Address _____________________________

City _____________________________ State/Province _____________ Zip/Postal Code _____________ Country _____________________________

Former Employer Name _____________________________ Position _____________________________

Address _____________________________

City _____________________________ State/Province _____________ Zip/Postal Code _____________ Country _____________________________

In case of emergency, notify the person below

First Name _____________________________ Last Name _____________________________ Relationship _____________________________

Address _____________________________

City _____________________________ State/Province _____________ Zip/Postal Code _____________ Country _____________________________

Phone (_____) _____________________________
Background Information

Have you ever been expelled or suspended from any high school or college?
☐ Yes  ☐ No  If yes, please describe in detail:

Have you ever been convicted of (or is any charge now pending against you for) any crime other than a traffic violation?
☐ Yes  ☐ No  If yes, please describe in detail:

References

*College of Law applicants are not required to submit letters of reference.*

For all other applicants, please list the name and address of two persons who know you (professionally and/or academically) and are willing to address your ability, interest and motivation for pursuing this program. Give each person a recommendation form and instruct them to return it directly to the admissions office. Your application cannot be reviewed until all references have been received.

1. 

2. 

I certify that all information given is complete and accurate. I understand that my failure to provide complete and accurate information may result in dismissal from the university or other appropriate disciplinary action. If admitted to Belmont University, I agree to abide by the policies and provisions stipulated in the university catalog.

Signature of Applicant

Date

How did you learn about Belmont University’s Graduate Programs? (please check all that apply)

☐ Academic Advisor  ☐ Advertisement  ☐ Another College/University  ☐ Belmont Alumnus

☐ Belmont Current Student  ☐ Belmont Faculty/Staff  ☐ College Fair  ☐ Employer

☐ Friend  ☐ GRE  ☐ Internet  ☐ Letter or Email from Belmont

☐ Professional Association  ☐ Publications  ☐ Other

Please provide names and/or details for the source checked above:
Belmont University
Additional Education Information

Institution Attended 4

College/University Name ______________________________________________________________

City __________________________ State/Province __________ Country ____________________

Date attended from (MM/DD/YYYY): ________ to: ________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected ____________________________________________________________ if no degree earned/expected, please leave blank

Institution Attended 5

College/University Name ______________________________________________________________

City __________________________ State/Province __________ Country ____________________

Date attended from (MM/DD/YYYY): ________ to: ________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected ____________________________________________________________ if no degree earned/expected, please leave blank

Institution Attended 6

College/University Name ______________________________________________________________

City __________________________ State/Province __________ Country ____________________

Date attended from (MM/DD/YYYY): ________ to: ________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected ____________________________________________________________ if no degree earned/expected, please leave blank

Institution Attended 7

College/University Name ______________________________________________________________

City __________________________ State/Province __________ Country ____________________

Date attended from (MM/DD/YYYY): ________ to: ________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected ____________________________________________________________ if no degree earned/expected, please leave blank
First Name ___________________________ Middle Name ___________________________ Last Name ___________________________

Email Address ___________________________ Date of Birth ___________________________

Mailing Address Line 1 ________________________________________________________________

Mailing Address Line 2 ________________________________________________________________

City ___________________________ State/Province ____________ Zip/Postal Code ____________ Country ___________________________

Home Phone (____) ____________ Work Phone (____) ____________ Cell Phone (____) ____________

List any non-US countries of citizenship __________________________________________________________________________

Place of birth __________________________________________________________

City/Town ___________________________ State/Province ____________ Country ___________________________

First language __________________________________________________________________________

Primary language spoken at home __________________________________________________________________________

If you are a Permanent US Resident list your Alien Registration # ____________________________

If you have another citizenship status list your Visa Type ____________________________
Belmont University
Doctor of Occupational Therapy Supplement

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<thead>
<tr>
<th>Applicant’s Name</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<td>Preferred Name</td>
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Term for which you are applying

Have you completed or will you complete a Bachelor's degree or higher prior to entering this program?  Yes  No

How did you first learn about Belmont's Doctor of Occupational Therapy? (check only one)

- American Occup. Therapy Assoc. Website
- Belmont's Website
- GradSchools.com
- Practicing Occupational Therapist
- Other:

Since first learning of Belmont's Doctor of Occupational Therapy as stated above, what other means have you used to learn more? (check all that apply)

- American Occup. Therapy Assoc. Website
- Belmont Alumnus
- GradSchools.com
- Practicing Occupational Therapist
- Other:


Supplement Essay

Each applicant is expected to have exposure to occupational therapy either through work, volunteer, or observation experiences. In the space provided, please explain how becoming an occupational therapist will help you reach your career goals.
## Required Prerequisites

**Instructions:** The following courses are required prerequisites for entry into the Doctor of Occupational Therapy. Each course must be completed with a "B" or higher. Please provide the full title and course number for each prerequisite. (example: Human Anatomy and Physiology I, BIO 2230)

<table>
<thead>
<tr>
<th>Course Title &amp; Number</th>
<th>College/University</th>
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<tbody>
<tr>
<td>Anatomy &amp; Physiology I (with lab)</td>
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<tr>
<td>Course Title &amp; Number</td>
<td>College/University</td>
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<tr>
<td>Hours Earned</td>
<td>Type of Hours</td>
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<tr>
<td>Date Completed/to be Completed (MM/DD/YYYY)</td>
<td>Grade Received</td>
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<tr>
<td>Anatomy &amp; Physiology II (with lab)</td>
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<td>Course Title &amp; Number</td>
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<td>Hours Earned</td>
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<td>Date Completed/to be Completed (MM/DD/YYYY)</td>
<td>Grade Received</td>
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<td>Introduction to Psychology</td>
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<td>Course Title &amp; Number</td>
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<td>Hours Earned</td>
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<td>Date Completed/to be Completed (MM/DD/YYYY)</td>
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<td>Course Title &amp; Number</td>
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<td>Hours Earned</td>
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<td>Date Completed/to be Completed (MM/DD/YYYY)</td>
<td>Grade Received</td>
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<tr>
<td>Introduction to Sociology OR Introduction to Anthropology</td>
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<tr>
<td>Course Title &amp; Number</td>
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<td>Hours Earned</td>
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<td>Hours Earned</td>
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<td>Grade Received</td>
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<td>Medical Terminology</td>
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<td>Hours Earned</td>
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<td>Date Completed/to be Completed (MM/DD/YYYY)</td>
<td>Grade Received</td>
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</table>
Required Hours of Observation/Volunteer/Work

Instructions: All applicants must complete at least 50 observation or volunteer hours in occupational therapy prior to starting the program. Please complete the form below as documentation of your occupational therapy work, volunteer, or observation hours. You may use more than one site and combine hours to equal 50; please do not refer to any specific patients or clients.

Hospital or Clinic 1

Name of Hospital or Clinic ________________________________
Address of Hospital or Clinic ________________________________
Phone Number of Hospital or Clinic (###) ###-#### ________________________________
Description of volunteer activity _____________________________________________
Name of supervising OT ________________________________ Total Hours at this hospital/clinic ______

Hospital or Clinic 2

Name of Hospital or Clinic ________________________________
Address of Hospital or Clinic ________________________________
Phone Number of Hospital or Clinic (###) ###-#### ________________________________
Description of volunteer activity _____________________________________________
Name of supervising OT ________________________________ Total Hours at this hospital/clinic ______

Hospital or Clinic 3

Name of Hospital or Clinic ________________________________
Address of Hospital or Clinic ________________________________
Phone Number of Hospital or Clinic (###) ###-#### ________________________________
Description of volunteer activity _____________________________________________
Name of supervising OT ________________________________ Total Hours at this hospital/clinic ______

Hospital or Clinic 4

Name of Hospital or Clinic ________________________________
Address of Hospital or Clinic ________________________________
Phone Number of Hospital or Clinic (###) ###-#### ________________________________
Description of volunteer activity _____________________________________________
Name of supervising OT ________________________________ Total Hours at this hospital/clinic ______

Hospital or Clinic 5

Name of Hospital or Clinic ________________________________
Address of Hospital or Clinic ________________________________
Phone Number of Hospital or Clinic (###) ###-#### ________________________________
Description of volunteer activity _____________________________________________
Name of supervising OT ________________________________ Total Hours at this hospital/clinic ______

Total Work/Volunteer/Observation hours:_______
Belmont University
Graduate Programs Recommendation Form

This section to be completed by the applicant

Applicant's Name ____________________________
First Name ____________________________ Middle Name ____________________________ Last Name ____________________________

Preferred Name ____________________________ Date of Birth ______________ MM/DD/YYYY

Country ____________________________ Email ____________________________

Note to Candidate:
Please enter your name above and deliver one copy of this form to two individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Belmont University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed the waiver below, he or she may request to see the recommendation forms after enrolling at Belmont University.

I hereby ☐ waive ☐ do not waive my right of access to this document should I matriculate to Belmont University.

Signature: ____________________________ Date: ______________

Term you will enter ____________________________ Date: ______________

Degree you are applying for ____________________________

Program you are applying for ____________________________

Program Track/Concentration ____________________________

This section to be completed by the evaluator

You are completing a recommendation for an applicant to a graduate program at Belmont University. Your assessment is very important to the Admissions Committee, and we greatly appreciate the time and effort on your part in giving us your appraisal of this candidate.

Name ____________________________ Current Occupation ____________________________

Current Employer/Organization ____________________________

Address ____________________________

City ____________________________ State/Province ____________________________ Zip/Postal Code ____________________________

Phone (_____) ____________________________ Email Address ____________________________

How long have you known this applicant? ____________________________

In what capacity do you know this applicant? ____________________________
Is there any aspect of this applicant’s background that might interfere with successful completion of their graduate study?
☐ Yes ☐ No  If yes, please specify: ________________________________

Please describe those qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant’s ability to complete the program to which he or she is applying:

__________________________________________________________________________________________________________________________________________________________

In what areas do you think the candidate needs the most improvement?

__________________________________________________________________________________________________________________________________________________________

How well do you think the applicant has considered plans for graduate study?

__________________________________________________________________________________________________________________________________________________________

How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action, and personal motivation?

__________________________________________________________________________________________________________________________________________________________

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<th>Exceptional (Top 5%)</th>
<th>Outstanding (Top 15%)</th>
<th>Above Average (Top 1/3)</th>
<th>Average (Middle 1/2)</th>
<th>Below Average (Bottom 1/3)</th>
<th>Not Able to Rate</th>
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<td>Emotional stability</td>
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<td>Ability to work with others (teamwork)</td>
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<td>Written communication</td>
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</table>

Please complete this section ONLY IF YOU ARE EVALUATING AN APPLICANT FOR GRADUATE STUDY IN MUSIC:

Music Performance Ability  ☐ ☐ ☐ ☒ ☐ ☐ ☐
Knowledge of music history and theory ☐ ☐ ☒ ☐ ☐ ☐
Aural Skills ☐ ☐ ☒ ☐ ☐ ☐

In regards to this student’s application to graduate study at Belmont University:

☐ Highly Recommend ☐ Recommend ☐ Recommend with Reservation ☐ Do Not Recommend

You may attach any additional comments you feel would help us in assessing this applicant. Please forward this form to: Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757 or fax to 615-460-5434.

Signature: ___________________________ Date: ___________________________
Belmont University
Graduate Programs Recommendation Form

This section to be completed by the applicant

Applicant’s Name ____________________________________________
First Name: ____________________________________________
Middle Name: ____________________________________________
Last Name: ____________________________________________

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Note to Candidate:
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Signature:…………………………………………………………………………………………………………………………………………………..Date:…………………………………………………………………………………………………………………………………………………..

Term you will enter __________________________

Degree you are applying for __________________________

Program you are applying for __________________________

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Name: ____________________________________________
Current Occupation: ____________________________________________

Current Employer/Organization: ____________________________________________

Address: ____________________________________________

City: ____________________________________________
State/Province: ____________
Zip/Postal Code: ____________

Phone: (_______) ________
Email Address: ____________________________________________

How long have you known this applicant? ______________

In what capacity do you know this applicant? ______________
Is there any aspect of this applicant’s background that might interfere with successful completion of their graduate study?

☐ Yes  ☐ No  If yes, please specify: ____________________________________________________________

Please describe those qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant’s ability to complete the program to which he or she is applying:

_____________________________________________________________________________________

_____________________________________________________________________________________

In what areas do you think the candidate needs the most improvement?

_____________________________________________________________________________________

How well do you think the applicant has considered plans for graduate study?

_____________________________________________________________________________________

How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action, and personal motivation?

_____________________________________________________________________________________

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<td>Problem Solving</td>
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<td>Intellectual Ability</td>
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Please complete this section ONLY IF YOU ARE EVALUATING AN APPLICANT FOR GRADUATE STUDY IN MUSIC:

Music Performance Ability | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
Knowledge of music history and theory | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
Aural Skills | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

In regards to this student’s application to graduate study at Belmont University:

☐ Highly Recommend  ☐ Recommend  ☐ Recommend with Reservation  ☐ Do Not Recommend

You may attach any additional comments you feel would help us in assessing this applicant. Please forward this form to:

Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757 or fax to 615-460-5434.

Signature: ___________________________________________ Date: __________________________
Belmont University
Graduate Application Fee Form

Applicant's Name ___________________________________________________________________________________

First Name ____________________________ Middle Name ____________________________ Last Name ____________________________

Preferred Name ____________________________ Date of Birth ____________________________ MM/DD/YYYY

Program Applying for ____________________________ Term Applying for ____________________________

Instructions: The $50.00 non-refundable application fee may be paid by check, money order, or credit card. Check or money orders should be made payable to Belmont University.

Please indicate your method of payment:

☐ Check (Payable to Belmont University) ☐ Money Order (Payable to Belmont University)

☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

If you are paying by credit card, complete the credit card authorization below

Card Number: ____________________________ Expiration Date (MM/YYYY): ____________________________

Amount to be charged: $50.00

Cardholder's Name: ____________________________

Cardholder's Signature: ____________________________