Graduate and Professional Programs
APPLICATION
for Master of Education
Applying for Admission

Application Steps for Master of Education (MEd)
Applicants:

1. Complete the entire Graduate and Professional Programs Degree Seeking Application thoroughly. An incomplete application cannot be considered and will be returned to the applicant.
2. Submit the non-refundable application fee of $50. Checks or money orders should be made payable to Belmont University.
3. Submit two recommendation forms – Have two people (non-relatives) complete a recommendation form (enclosed in this application packet).
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 & Associates (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 test scores from GRE (Graduate Record Examination), MAT (Miller Analogies Test) or GMAT (Graduate Management Aptitude Test). Test scores must have been earned within the last five years. Please allow 4-6 weeks for official test scores to be received.
6. Submit a one-page letter on why you want to pursue the program.
7. Submit a current resume.

Admission Requirements

Admission requirements are program specific. For a list of the admissions requirements, please visit the admissions website (http://www.belmont.edu/prospectivestudents/graduate/) 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/).

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 October 1, March 1 or June 1 in order to enroll for the spring, summer or fall terms respectively.

Please send all application materials to:
Belmont University
Office of Admissions
1900 Belmont Blvd.
Nashville, TN 37212-3757
615.460.5434 Fax

Questions about your application and/or requirements should be directed to:
Belmont University
Department of Education
1900 Belmont Blvd.
Nashville, TN 37212-3757
615.460.5483 Phone
andrea.mcclain@belmont.edu
Applicant Information

Term for which you are applying  ☐ Fall  ☐ Spring  ☐ Summer  20______

Degree for which you are applying  ☐ Master of Education

Program for which you are applying  ☐ English as a Second Language  ☐ Learning and Organizational Change  ☐ Non-Profit Leadership
☐ Organizational Leadership and Communication  ☐ Reading Specialist  ☐ Teacher Leaders

Program Track/Concentration  Not Applicable

Have you previously applied for admission to a Graduate or Professional Program at Belmont University?  ☐ Yes  ☐ No
If yes, what program? ___________________________ for what term? ___________________________

Have you previously paid a $50 Graduate and Professional Programs application fee?  ☐ Yes  ☐ No

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) __________________________________________

Soc. Sec. No. __________________________________________  E-mail 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  ☐ U.S. Citizen  ☐ Dual U.S. Citizen  ☐ Permanent U.S. Resident  ☐ Other
If you are not a U.S. Citizen, please fill out the International Supplement.

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

Birthdate (MM/DD/YYYY) __________________________  Gender  ☐ Male  ☐ Female

Are you a U.S. 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 Alaskan 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 use the 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, including Belmont if you are a former student. 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)
Are you a current Belmont employee?  □ Yes  □ No
Employer Name __________________________________________ Current Position ______________________
Address _______________________________________________________
City __________________________ State/Province __________ Zip/Postal Code __________ Country _______________________
Former Employer Name __________________________________________
Address _______________________________________________________
City __________________________ State/Province __________ Zip/Postal Code __________ Country _______________________

In case of emergency, notify person listed below:
First Name __________________________ Last Name __________________________ Relationship __________________________
Address _______________________________________________________
City __________________________ State/Province __________ Zip/Postal Code __________ Country _______________________
Phone (______) ________________
Background Information

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal or expulsion from the institution.  

- Yes  
- No

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony or other crime? (Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise ordered by a court to be kept confidential.)  

- Yes  
- No

If you answered “yes” to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances and reflects on what you learned from the experience.

Note: Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the information requested in this application, including disciplinary history.

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 ___________________________

For information regarding Belmont University’s campus security record and policies, please contact the Belmont University Office of Safety and Security at 615.460.6617. In compliance with the Student Right to Know Act, Belmont’s persistence (retention) rates are available at the Institutional Research Office. In compliance with federal law, including provisions of Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Belmont University does not discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, military service, or sexual orientation in its administration of education policies, programs or activities; its admissions policies; or employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. The university has appointed the director of the Office of Human Resources to serve as coordinator of compliance with Title IX. Inquiries or complaints should be directed to the Office of the Provost or the Office of Human Resources.

Visit www.belmont.edu/prospectivestudents/graduate/ in order to confirm individual program requirements. Please forward all materials, including a $50 application fee, to: Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757, or fax to 615.460.5434.

How did you learn about Belmont University’s Graduate and Professional 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:

_____________________________________________________________________________________________________________________________________

_____________________________________________________________________________________________________________________________________

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### Additional Education Information

**Institution Attended 4**

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<th>City</th>
<th>State/Province</th>
<th>Country</th>
<th>Date attended from (MM/DD/YYYY):</th>
<th>to:</th>
<th>GPA earned at this college (on a 4.00 scale):</th>
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**Degree earned/expected**

*If no degree earned/expected, please leave blank*

**Institution Attended 5**

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<th>State/Province</th>
<th>Country</th>
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<th>GPA earned at this college (on a 4.00 scale):</th>
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**Degree earned/expected**

*If no degree earned/expected, please leave blank*

**Institution Attended 6**

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<th>Country</th>
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<th>to:</th>
<th>GPA earned at this college (on a 4.00 scale):</th>
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**Degree earned/expected**

*If no degree earned/expected, please leave blank*

**Institution Attended 7**

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<th>State/Province</th>
<th>Country</th>
<th>Date attended from (MM/DD/YYYY):</th>
<th>to:</th>
<th>GPA earned at this college (on a 4.00 scale):</th>
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**Degree earned/expected**

*If no degree earned/expected, please leave blank*
Belmont University
International Supplement

First Name ___________________________________________ Middle Name _______________________ Last Name _______________________

Preferred First Name ___________________ Former Last Name (if any) _______________________________________________________

Date of Birth (MM/DD/YYYY) ___________________________________ E-mail _____________________________________________________

Program for which you are applying ____________________________________________________________

Term for which you are applying  [ ] Fall  [ ] Spring  [ ] Summer 20____

List any non-U.S. countries of citizenship ____________________________________________________________

Place of birth __________________________________________________________

City/Town ____________________________________________________________ State/Province __________ Country

First language ____________________________________________________________

Primary language spoken at home __________________________________________

If you are a Permanent U.S. Resident list your Alien Registration # ___________________________________________________________________________

If you have another citizenship status, list your Visa Type _______________________________________________________________________________
This section to be completed by the applicant

First Name ___________________________________ Middle Name ____________________ Last Name ____________________

Preferred First Name ____________________ Former Last Name (if any) ____________________

Date of Birth (MM/DD/YYYY) ________________ E-mail ____________________

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 for which you are applying □ Fall □ Spring □ Summer 20____

Degree for which you are applying ____________________________________________

Program for which you are applying ____________________________________________

Program Track/Concentration _________________________________________________

This section to be completed by the evaluator

You are completing a recommendation for an applicant to a graduate or professional 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 __________________________

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:  

*For any of the following questions, attach additional sheet if necessary.*

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>
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<th>Below Average (Bottom 1/3)</th>
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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:

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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>
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<td>Knowledge of music history and theory</td>
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<td>Aural Skills</td>
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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 and Professional Programs Recommendation Form

This section to be completed by the applicant

First Name ___________________________ Middle Name __________________ Last Name __________________
Preferred First Name __________________ Former Last Name (if any) __________________
Date of Birth (MM/DD/YYYY) ___________________________ E-mail __________________

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 for which you are applying [ ] Fall [ ] Spring [ ] Summer 20____
Degree for which you are applying ________________________________
Program for which you are applying ________________________________
Program Track/Concentration ________________________________

This section to be completed by the evaluator

You are completing a recommendation for an applicant to a graduate or professional 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 (______) __________________________ E-mail __________________

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: ________________________________________________________________

*For any of the following questions, attach additional sheet if necessary.

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>Emotional stability</th>
<th>Exceptional (Top 5%)</th>
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| Motivation and organization         | Exceptional (Top 5%) | Outstanding (Top 15%) | Above Average (Top 1/3) | Average (Middle 1/2) | Below Average (Bottom 1/3) | Not Able to Rate |
|                                     | ☐                    | ☐                     | ☐                       | ☐                    | ☐                           | ☐               |

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<tr>
<th>Intellectual ability</th>
<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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Please complete this section ONLY IF YOU ARE EVALUATING AN APPLICANT FOR GRADUATE STUDY IN MUSIC:

<table>
<thead>
<tr>
<th>Music performance ability</th>
<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>
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<tr>
<th>Knowledge of music history and theory</th>
<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>
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<tr>
<th>Aural Skills</th>
<th>Exceptional (Top 5%)</th>
<th>Outstanding (Top 15%)</th>
<th>Above Average (Top 1/3)</th>
<th>Average (Middle 1/2)</th>
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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 and Professional Programs Application Fee Form

First Name ___________________________________ Middle Name __________________ Last Name __________________
Preferred First Name ___________________ Former Last Name (if any) __________________
Date of Birth (MM/DD/YYYY) _______________________________ E-mail __________________
Program for which you are applying ________________________________________________
Term for which you are applying  ❑ Fall  ❑ Spring  ❑ Summer  20______

Instructions: The $50 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

Cardholder’s Name ________________________________________________________________
Cardholder’s Signature ____________________________________________________________
Belmont University does not discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, military service or sexual orientation.