Graduate and Professional Programs
APPLICATION for Master of Science in Occupational Therapy
Applying for Admission

Application Steps for Master of Science in Occupational Therapy (MSOT) 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. Please note: the MSOT 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 recommendation forms – Have two people complete a recommendation form (enclosed in this application packet). At least one of the recommendations must be from 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. 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 proof of observation hours - Non-OTAs who are admitted to the program must demonstrate familiarity with occupational therapy through completion of a minimum of 50 hours of observational, volunteer or work experiences. Using the enclosed form, document a minimum of 50 hours of volunteer or work experience in occupational therapy.

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

7. Using the enclosed form, please write an essay, a short composition, that presents your personal point of view. We would like to learn more about your reasons for specifically choosing Belmont's entry level Master's of Science in Occupational Therapy (MSOT) weekend program. As part of your essay, please discuss:
   A. How becoming an occupational therapist will help you attain your career goals.
   B. How your career goals are congruent with the philosophy and/or core values and attitudes of the occupational therapy profession. (These may be found on the AOTA website at http://www.aota.org/Practitioners/Official/Ethics/40611.aspx)
   C. How your particular learning style and abilities are compatible with the curriculum and format of Belmont’s MSOT Program.

Additional Steps for Applicants who have a bachelor's degree:

8. Applicants with a bachelor's degree must show proof of baccalaureate degree in a field or major other than occupational therapy, from a regionally accredited college or university.

Additional Steps for Applicants who do not have a bachelor's degree:

9. Must show proof of completion of a minimum of 90 semester equivalent credits from a regionally accredited college or university.

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 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 37212-3757
615.460.5434 Fax

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

Belmont University
School of Occupational Therapy
1900 Belmont Blvd.
Nashville, TN 37212-3757
615.460.6798 Phone
msot@belmont.edu
Belmont University
Degree Seeking Application for Graduate and Professional Programs Admission

Applicant Information

Term for which you are applying  
Fall      20_____  

Degree for which you are applying  Master of Science in Occupational Therapy  

Program for which you are applying  Occupational Therapy  
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:

____________________________________________________________________________________________________________________________________
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
<table>
<thead>
<tr>
<th>First Name ___________________________</th>
<th>Middle Name ___________________</th>
<th>Last Name ______________________</th>
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<tbody>
<tr>
<td>Preferred First Name ___________________</td>
<td>Former Last Name (if any) __________</td>
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<tr>
<td>Date of Birth (MM/DD/YYYY) ______________</td>
<td>E-mail __________________________</td>
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<td>Program for which you are applying ________________________________</td>
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<tr>
<td>Term for which you are applying __________________ Fall 20____</td>
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</table>

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

Place of birth ________________________________________________________________

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<tr>
<th>City/Town</th>
<th>State/Province</th>
<th>Country</th>
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</table>

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 ________________________________
Belmont University
Master of Science in Occupational Therapy Supplement

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 ___________________________

Term for which you are applying       ☐ Fall 20____

Are you currently credentialed to practice as an occupational therapy assistant? ☐ Yes ☐ No
If yes, please indicate what type of OT credential (certification, license, registration, etc.) you hold, as well as the number and expiration date:
Credential ________________   Number __________  Expiration Date _____________

Are you currently credentialed to practice as a physical therapist assistant (PTA)? ☐ Yes ☐ No
If yes, please indicate what type of PT credential you hold, as well as the number and expiration date:
Credential ________________   Number __________  Expiration Date _____________

Do you have at least one year of experience as a credentialed occupational therapy assistant or physical therapist assistant working with an occupational therapist? ☐ Yes ☐ No
If yes, please provide the name of the therapist, company/organization for which you served, the therapist’s contact information, and employment dates:
Name ___________________________ Company/Organization ___________________________
Phone ___________________________ E-mail ___________________________
Employment Start Date ___________________________ Employment End Date (leave blank if still employed) ___________________________

How did you first learn about Belmont’s Master of Science in Occupational Therapy? (check only one)
☐ American Occup. Therapy Assoc. Website ☐ Belmont Alumnus ☐ Belmont Faculty/Staff
☐ Belmont’s Website ☐ Current Belmont Student ☐ Employer
☐ GradSchools.com ☐ Graduate/Career Fair ☐ Newspaper Coverage
☐ Practicing Occupational Therapist ☐ TV Coverage ☐ U.S. News and World Report
Other: __________________________________________________________________________

Since first learning of Belmont’s Master of Science in 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 ☐ Belmont Faculty/Staff
☐ Belmont’s Website ☐ Current Belmont Student ☐ Employer
☐ GradSchools.com ☐ Graduate/Career Fair ☐ Newspaper Coverage
☐ Practicing Occupational Therapist ☐ TV Coverage ☐ U.S. News and World Report
Other: __________________________________________________________________________
Master of Science in Occupational Therapy Supplemental Essay

Application Essay

In the space provided please write an essay, a short composition, that presents your personal point of view. We would like to learn more about your reasons for specifically choosing Belmont’s entry level Master’s of Science in Occupational Therapy (MSOT) weekend program. As part of your essay, please discuss:

A. How becoming an occupational therapist will help you attain your career goals.

B. How your career goals are congruent with the philosophy and/or core values and attitudes of the occupational therapy profession. (These may be found on the AOTA website at http://www.aota.org/Practitioners/Official/Ethics/40611.aspx.)

C. How your particular learning style and abilities are compatible with the curriculum and format of Belmont’s MSOT Program.
### Master of Science in Occupational Therapy Required Prerequisites

**Instructions:** The following courses are required prerequisites for entry into the Master of Science in 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><strong>Anatomy &amp; Physiology I (with lab)</strong></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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<td>Date Completed/to be Completed (MM/DD/YYYY)</td>
<td>Grade Received</td>
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<tr>
<td><strong>Anatomy &amp; Physiology II (with lab)</strong></td>
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<td>Course Title &amp; Number</td>
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<td>Hours Earned</td>
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<td><strong>Statistics</strong></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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<tr>
<td><strong>Life Span Development</strong></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>Date Completed/to be Completed (MM/DD/YYYY)</td>
<td>Grade Received</td>
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<tr>
<td><strong>Introduction to Psychology</strong></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>
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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><strong>Introduction to Sociology OR Introduction to Anthropology</strong></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>
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<td>Date Completed/to be Completed (MM/DD/YYYY)</td>
<td>Grade Received</td>
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<tr>
<td><strong>Communications Course I</strong> <em>(Prereq is satisfied with English Composition and/or Public Speaking)</em></td>
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<tr>
<td>Course Title &amp; Number</td>
<td>College/University</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><strong>Communications Course II</strong> <em>(Prereq is satisfied with English Composition and/or Public Speaking)</em></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>Date Completed/to be Completed (MM/DD/YYYY)</td>
<td>Grade Received</td>
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Master of Science in Occupational Therapy Required Hours of Observation/Volunteer/Work

Instructions: All applicants, with the exception of COTA applicants, must complete at least 50 observation, volunteer, or work hours (for OT aides) 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 (including area code) _______________________________
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 (including area code) _______________________________
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 (including area code) _______________________________
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 (including area code) _______________________________
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 (including area code) _______________________________
Description of Volunteer Activity ___________________________________________________
Name of Supervising OT _______________________________ Total Hours at this Hospital/Clinic __________

Total Work/Volunteer/Observation Hours: ____________________________
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  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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<thead>
<tr>
<th></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>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional stability</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<td>Analytical ability</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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<td>Oral communication</td>
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<td>Leadership potential</td>
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<td>Ethical behavior</td>
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<td>Problem solving</td>
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<td>Intellectual ability</td>
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</table>

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

<table>
<thead>
<tr>
<th></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>
</tr>
</thead>
<tbody>
<tr>
<td>Music performance ability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Knowledge of music history and theory</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Aural Skills</td>
<td>☐</td>
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</tbody>
</table>

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

<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Preferred First Name</th>
<th>Former Last Name (if any)</th>
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<table>
<thead>
<tr>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>E-mail</th>
</tr>
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<tbody>
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</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
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<tbody>
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</tbody>
</table>

Term for which you are applying  □ Fall  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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Current Occupation</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Current Employer/Organization</th>
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<table>
<thead>
<tr>
<th>Address</th>
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<table>
<thead>
<tr>
<th>City</th>
<th>State/Province</th>
<th>Zip/Postal Code</th>
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<tr>
<th>Phone</th>
<th>Email</th>
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</table>

How long have you known this applicant?

In what capacity do you know this applicant?

<table>
<thead>
<tr>
<th>How long have you known this applicant?</th>
<th>In what capacity do you know this applicant?</th>
</tr>
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<tbody>
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<td></td>
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</tbody>
</table>
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? _____________________________________________________________

<table>
<thead>
<tr>
<th></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>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional stability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Analytical ability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Ability to work with others (teamwork)</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Written communication</td>
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<td>Oral communication</td>
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<tr>
<td>Leadership potential</td>
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<tr>
<td>Motivation and organization</td>
<td>☐</td>
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<tr>
<td>Ethical behavior</td>
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<tr>
<td>Problem solving</td>
<td>☐</td>
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<td>☐</td>
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<tr>
<td>Intellectual ability</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 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  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 ________________________________________________________