



NON-DEGREE APPLICATION

- ✓ Community Auditor Auditors are admitted on a space-available basis and do not receive credit for the course. Requirements for attendance are specified in the prospectus and syllabus.

Please type or print in ink. Submit single-sided documents via mail or email at info@churchmusicinstitute.org. Please do not staple any documents together if submitting hard copies.

Semester you plan to enroll:

- ✓ Summer 2024

Requested Course

WRSP 70970 Music in Christian Worship

| Course Number | Course Title | Instructor |
|---------------|--------------|------------|
|---------------|--------------|------------|

I. Personal Information

| | | |
|---------------------------|----------------|---------------------------|
| _____ | _____ | _____ |
| Last Name | First Name | Middle Name |
| _____ | _____ | _____ |
| Social Security Number | Date of Birth | Place of Birth (optional) |
| _____ | _____ | _____ |
| Preferred Mailing Address | Email Address | |
| _____ | _____ | |
| City | State | Zip |
| _____ | _____ | _____ |
| Home Phone | Business Phone | Cell Phone |

The information requested in this are is optional; however, in order that we may maintain adequate records for purposes of enhancing Institute life, we ask that you answer the questions in this section. Thank you for your consideration. This information has no bearing on admission decisions.

Race/Cultural Origin:

- Black/African-American
- American Indian
- White/Caucasian
- Hispanic/Spanish Surname
- Asian/Asian-American
- Other: _____

Religious Affiliation: _____ Denomination: _____

Marital status:

- Single
- Married
- Civil Union/Domestic Partner
- Engaged
- Widowed
- Divorced
- Separated

II. Academic Background (transcripts not required)

| Institution | Dates Attended | Degree | Degree Date |
|-------------|----------------|--------|-------------|
| | | | |
| | | | |
| | | | |

If currently a student, indicate the anticipated degree and date:

Degree program _____ Date _____

III. Employment

List your current employer:

| Employer | Location | Type of Work | Dates |
|----------|----------|--------------|-------|
| | | | |

IV. Required Essay

Please complete and attach a one-page statement indicating your desire to enroll in graduate studies for the course selected.

V. Application Fee

Please attach a check or money order for \$10 payable to Church Music Institute or pay the fee online. This is a non-refundable application processing fee. Do NOT send cash.

To the best of my knowledge, the information furnished in this application is complete, true, and correct.

Signature

Date

Church Music Institute

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Dallas, TX 75230

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