



SCHOOL OF MUSIC

Master of Music (M. Mus.)  
Application Checklist

To complete your application packet, please assemble the following items:

- \$30 application fee (check or money order should be made out to *Salem College*)
- The completed application form
- The Salem College Honor form
- Artistic Statement
- Recommendation Form 1 (may be sent directly from reference)
- Recommendation Form 2 (may be sent directly from reference)
- Authorization for Release of Information and Records (background check) form. NOTE: The cost of the investigation will vary depending on your previous states of residency/former names; Investigative Associates will contact you once Salem faxes them the release form included in this packet
- Immunization Record
- An official sealed copy of the transcripts from all undergraduate and graduate institutions attended
- Pre-screening video recording (rolling deadline)
- Preferred on-campus audition date\*
  - \_\_\_\_\_ Saturday, February 11, 2017
  - \_\_\_\_\_ Saturday, February 25, 2017

\*Please contact the Graduate Admissions Coordinator if you need to arrange a different live audition date.

Admission to the Graduate Music Program is continuous, with a rolling deadline.

Send hard-copy application materials and video recording link to:

Dr. Amy Zigler  
 Graduate Admissions Coordinator, School of Music  
 Salem College  
 601 S. Church Street, Winston-Salem, NC 27101  
 336.721.2798 (phone)  
[amy.zigler@salem.edu](mailto:amy.zigler@salem.edu)

**GRADUATE STUDIES OFFICE USE ONLY:** \_\_\_\_\_ application \_\_\_\_\_ transcript \_\_\_\_\_ GPA \_\_\_\_\_ UG major  
 \_\_\_\_\_ artistic statement \_\_\_\_\_ fee paid \_\_\_\_\_ check # \_\_\_\_\_ rec \_\_\_\_\_ rec \_\_\_\_\_ background sent \_\_\_\_\_ background received  
 \_\_\_\_\_ immunization record \_\_\_\_\_ Pre-screening recording \_\_\_\_\_ audition \_\_\_\_\_ Admission Decision \_\_\_\_\_ yes \_\_\_\_\_ no  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ date



SCHOOL OF MUSIC

Master of Music (M. Mus.)

Application for Admission

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Middle/Maiden: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home email: \_\_\_\_\_ Other email: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone : \_\_\_\_\_ Cell phone: \_\_\_\_\_

Gender:  Female  Male Marital Status:  Single  Married  Other \_\_\_\_\_

Citizenship:  US Citizen  Resident Alien  Non-Resident Alien

Country of Birth: \_\_\_\_\_ Native language: \_\_\_\_\_

Have you been a North Carolina resident for one year or more?  YES  NO

If yes, county of residence: \_\_\_\_\_

Are you Hispanic or Latino?  YES  NO

Please select one or more:

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Do you plan to apply for financial aid?
 Yes  No

Do you plan to apply for veteran's benefits?
 Yes  No

**M.M. program desired:**

- Piano  
 Organ

**Anticipated program start?**

- Fall 20\_\_\_\_  
 Spring 20\_\_\_\_

**Educational Background:** List the colleges and universities that you have attended in reverse order along with the degrees and dates earned (if applicable). Please note that you must submit an official transcript from the institution that granted your bachelor's degree as well as one from any institution at which you have done other post- baccalaureate work.

Name/location of institution	Dates attended	Degree/ major	Year awarded

**Starting with your most recent position, list your relevant work history.**

Position held	Company/institution and location	Dates worked

**An artistic statement** must be submitted and evaluated prior to an applicant's being accepted to the M.M. program. Please see below for details. Please include your statement with your application materials.

By completing this form, I am making application to the Master of Music program in the School of Music at Salem College. I recognize that this is only an application and that I will not be considered officially admitted to the Master of Music program until I receive written notification. My signature on this document certifies that all information contained is—to the best of my knowledge—complete, correct, and true.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

**Salem College does not discriminate on the basis of race, color, national origin, sexual orientation, age, religion, or disability in the administration of any of its educational programs and activities. As a women's college, Salem College admits only women in the traditional undergraduate College. The College graduate programs and the Fler Center programs admit both women and men.**

Salem College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS) to award baccalaureate and master's degrees. Contact the Commission on Colleges, 1866 Southern Lane, Decatur, Georgia 30033-4097 or call (404) 679-4500 for questions about the accreditation of Salem College. Salem College is an accredited institutional member of the National Association of Schools of Music (NASM).

## Honor Code and Registration Policy Statement

*Please read and sign at the bottom to signify your intention to comply with the Salem College Honor Code and the registration policy. Submit this form with your application.*

### The Honor Tradition

The Honor tradition is a vital and unifying aspect of the Salem College community that encourages each member to ethical and responsible living. The Honor Code is upheld by the entire student body and stands on the principle of mutual respect. It is only as strong as the community that lives by it.

The Honor Tradition is long standing at Salem College and is highly respected by students, faculty, staff and administration. In keeping with its custom, each student assumes full responsibility for her/his actions in all phases of life at Salem. Such a tradition is only possible in a community that respects the individual and maintains a commitment to communication. Every student is responsible for encouraging other students to uphold the Honor Tradition.

### The Honor Code

Salem College is a community of honor. I will show respect for my community by behaving with honesty, integrity and civility. As a responsibility to my honor community:

- I. I will show respect for my classmates and faculty by maintaining honesty in my academic work and refraining from cheating.
- II. I will show respect for my community and peers by maintaining integrity and honesty in my daily life and refraining from stealing and lying.
- III. I will show respect for faculty, staff and members of the administration by maintaining civility and refraining from disruptive and abusive language and behavior.
- IV. I will acknowledge responsibility and accept the consequences of my actions. In choosing Salem College, I pledge to uphold the principles of the Honor Code and will cherish and guard its tradition.

### Registration

I understand that I may add or drop a course any time from the opening of registration to the end of the Registrar's Office business day on the last day of the drop/add period for a term (which for fall and spring terms is a one-week period as stated in the Term Schedules, and for the January term and summer terms is a shorter period of time as stated in those Term Schedules). I also understand that if I drop a class (or classes) after the last day of the drop/add period, I will owe for the class (or classes). If I have applied for financial aid for the term, I understand that I must inform the financial aid office if I decrease or increase the number of courses I have initially declared that I would be taking during the term.

I understand that I am financially responsible for the payment of my tuition costs due to Salem College. If payment obligation is not fulfilled by the time I have been informed that it is finally due, I agree to pay all cost of collection, including attorney fees. If I do not attend class and I do not drop the class (by completing a drop card, available online at [www.salem.edu/registrar](http://www.salem.edu/registrar)), I understand that I will owe the full tuition for the class. Also, I understand that my name remains on the class roster until I officially drop the class.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



### Professional Recommendation Form

*Applicants, please complete the top portion, including your signature. Please provide a stamped addressed envelope for your letter to be returned to Salem College to the address at the end of the form.*

\_\_\_\_\_ has applied to Salem College to pursue graduate studies in music and has requested you as a professional reference. Please answer the questions in as specific and candid a manner as possible. Your comments will be available only to those involved in the admission decision process. Your signature across the seal of the envelope ensures confidentiality.

**Please return to:** **Dr. Amy Zigler**  
**Graduate Admissions Coordinator, School of Music**  
**Salem College**  
**601 S. Church Street, Winston-Salem, NC 27101**  
[amy.zigler@salem.edu](mailto:amy.zigler@salem.edu)

**Applicant's signature:** I waive my right to see this letter of recommendation:

\_\_\_\_\_ date \_\_\_\_\_

**Name of individual completing this form:** \_\_\_\_\_

Position and/or relationship to the applicant: \_\_\_\_\_

How long have you known the applicant?

In a separate document, please address the questions below, and include any further information that would be helpful in assessing the applicant's potential for success.

1. Under what circumstances have you known the applicant?
2. What do you consider to be the applicant's most outstanding talents or characteristics?
3. Are there any notable weaknesses that might hinder the applicant's success in graduate studies? If so, please explain.

Would you recommend this applicant for graduate studies?

\_\_\_\_\_ strongly recommend                      \_\_\_\_\_ recommend  
\_\_\_\_\_ recommend with reservations                      \_\_\_\_\_ do not recommend

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Recommender's contact phone number and/or email address: \_\_\_\_\_



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Would you recommend this applicant for graduate studies?

\_\_\_\_\_ strongly recommend                      \_\_\_\_\_ recommend  
\_\_\_\_\_ recommend with reservations                      \_\_\_\_\_ do not recommend

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Recommender's contact phone number and/or email address: \_\_\_\_\_



3775 Vest Mill Road Suite DWinston-Salem, NC 27103

Telephone: (336) 768-7040  
Fax: (336) 768-2728

info@iacinvestigations.com  
www.iacinvestigations.com

Edward H. Musselwhite  
Investigative Consultant  
NCPPSB License # 1004

Kim C. Minor, CPP  
Investigative Consultant  
NCPPSB License # 3360

Joanna S. Morton  
Research Consultant

Lisa M. Shelton  
Research Consultant

Dear Graduate Candidate:

A complete background check is an important part of the application process for admission to the graduate Music program in the School of Music at Salem College. The College has partnered with our firm to complete that investigation for you. The first step of this process involves your prompt completion of the attached *Authorization for Release of Information*. You may either fax or mail the form to our firm. Because the cost of your investigation will vary depending on the number of states of residence and the number of names you have had, we will contact you regarding a specific payment amount for your investigation once we have processed this initial *Authorization for Release of Information*; however, we will not begin your investigation until we have received your payment.

Be aware that some states require additional forms and/or fingerprint cards to be submitted in order to obtain the necessary background information. If you have lived in any of these states, we will advise you on the additional steps to complete the requirements for each.

Please ensure that you have completed the attached *Authorization for Release of Information* in its entirety (including a daytime telephone number and email address) prior to submitting it to us. The estimated time to complete your background investigation is approximately two weeks, so timely completion of this process is essential! You will not be fully admitted to the graduate Music program in the School of Music at Salem College until your background check has been completed.

To ensure the credibility of the report for the receiving institution we will submit your report to Dr. Amy Zigler, Graduate Admissions Coordinator for the School of Music at Salem College. She will forward your report as you direct her. If you have any questions, please do not hesitate to contact Dr. Zigler or our offices.

Sincerely,  
Investigative Associates and Consultants



**AUTHORIZATION FOR RELEASE OF INFORMATION & RECORDS**

I, \_\_\_\_\_, understand that in consideration of my application, an investigation will be conducted. I authorize Salem College, through its agent, Investigative Associates & Consultants, Inc., to conduct such an investigation which may include, but not be limited to, the gathering of information regarding verification of prior employment, references, consumer credit history, driving history, and any criminal history which may be in files of any state, federal, or local criminal justice agencies. I understand that I have the right to request, in writing, a complete and accurate disclosure of the nature and scope of this investigation. **I understand that the information requested below regarding sex, race, date of birth, and maiden name is for the sole purpose of gathering information accurately.**

Mo. Day Yr

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
**(Please print Full Name – Do not use initials)**

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Maiden, and other names used** \_\_\_\_\_  
**(If married less than 7 years)**

Driver's license # \_\_\_\_\_ State \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

Applicant's Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

Present Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip/County \_\_\_\_\_

How long? Yr \_\_\_\_\_ Mo \_\_\_\_\_

**List all other addresses used for the past 7 years - use additional page(s) if needed.**

Previous Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip/County \_\_\_\_\_ Yr Mo  
How long? \_\_\_\_\_

Previous Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip/County \_\_\_\_\_ Yr Mo  
How long? \_\_\_\_\_

**If you have lived in the following states within the last seven years; Alabama, Arkansas, District of Columbia, Idaho, Iowa, Massachusetts, Minnesota, New Hampshire, New Jersey, South Dakota, or Virginia, you will be asked to complete an additional form at the time of your interview.**



**If you have lived in Delaware, Nevada, Ohio, South Dakota, West Virginia or Wyoming, you will need to obtain the appropriate fingerprint card(s) at the time of your interview.**

**A telephone facsimile or photographic copy of this authorization shall be as valid as the original.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SALEM COLLEGE USE ONLY**

\_\_\_\_\_CRIMINAL DMV SS# VERIFICATION\_CREDIT REPORT\_EDUCATION CREDENTIALS

Recruiter: \_\_\_\_\_

Date Faxed: \_\_\_\_\_

**Investigative Associates & Consultants, Inc. (336) 768-7040 Telefax: (336) 768-2728 E-mail:  
[info@iacinvestigations.com](mailto:info@iacinvestigations.com)**



As part of the application process, all graduate students will be required to submit documentation showing appropriate immunizations. The *Guidelines for Completing the Immunization Record* (attached). Documentation of immunization may be delivered in person, by mail or faxed to the Health Center.

Salem College  
Health and Counseling Center 601 S.  
Church Street  
Winston-Salem, NC 27101  
336.721.2713 (phone)  
336.917.5763 (fax)

The Health and Counseling Center is located in the basement of Clewell Residence Hall. Staff is available to accept immunization records and to answer questions Monday through Friday from 8:30 a.m. to 12:00 noon and from 1:00 pm to 4:00 pm.

The completed immunization record must be on file in the Office of Health Services PRIOR TO the start of classes. If immunization records are not on file within 30 days of the first day of class, you will be removed from class. If you do not have a copy of your immunization record, contact your previous high school or college, your personal physician, a hospital emergency room where you may have received a tetanus booster, military records, local health department, or your parents. *Please be mindful that medical records (including those from high school transcripts) are only valid if they contain the student's name, a parent's name, student's date of birth, and a physician's or health clinic's / department's name.*

If, after checking all possible resources, you determine that you will need to get immunizations, go to your County Health Department and tell them you need the immunizations necessary to satisfy a COLLEGE IMMUNIZATION REQUIREMENT. It is very helpful if you take the *Guidelines for Completing Immunization Record* form along with any records that you have located. Forsyth County Health Department has Immunization clinics with no appointment necessary. You can call 703-3100 regarding clinic days and times. Immunizations can also be obtained through Passport Health Triad at 2805 Lyndhurst Ave., Winston-Salem: 768-0717.

# Guidelines for Completing Immunization Record GRAD

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date Of Enrollment: \_\_\_\_\_ Student ID# \_\_\_\_\_

<b>Student Age- Vaccine &amp; Dose(s) Requirements</b>					
<i>Students born in 1957 or later - July 1, 1994</i>					
<b>DTP or Td</b>	<b>Polio</b>	<b>Measles</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Hep</b>
<b>B 3</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>
<i>Students born before 1957</i>					
<b>DTP or Td</b>	<b>Polio</b>	<b>Measles</b>	<b>Mumps</b>	<b>Rubella</b>	<b>Hep</b>
<b>B 3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
	mo./day/year (#1)	mo./day/year (#2)	mo./day/year (#3)	mo./day/year (#4)	mo./day/year (#5)
<b>DTP or Td</b>					
<b>Td Booster</b>					
<b>Tdap</b>					
<b>Polio</b>					
<b>MMR (After 1<sup>st</sup> Birthday)</b>					
<b>Measles (After 1<sup>st</sup> Birthday)</b>			Disease Date	Titer Date & Result	Titer Date & Result
<b>Mumps</b>			Disease Date Not Accepted	Titer Date & Result	Titer Date & Result
<b>Rubella</b>			Disease Date Not Accepted	Titer Date & Result	Titer Date & Result
<b>Hep B</b>				Titer Date & Result	Titer Date & Result

DTP ( Diphtheria, Tetanus, Pertussis) Td ( Tetanus, Diphtheria) Tdap (Tetanus, Diphtheria, Pertussis): One Td booster dose within the last 10 years. Those individuals enrolling in college on or after July 1, 2008 **MUST** have had three doses of Tetanus/Diphtheria toxoid and a booster dose of Tetanus/Diphtheria/Pertussis vaccine if a Tetanus/Diphtheria toxoid or Tetanus/Diphtheria/Pertussis vaccine has not been administered within the past **5 years**.  
 Measles: One dose on or after 12 months of age, second at least 30 days later. MUMPS: Two Mumps doses if entering college for the first time after 7/1/1994. Rubella: One dose on or after 12 months of age Hep B: Not required if you were born before July 1, 1994

Please attach Record of Immunization or provide a physician's signature

\_\_\_\_\_  
 Physician's Signature                      Date

## **Artistic Statement**

Your completed application must include an artistic statement.

- Please provide a general statement about your interest in pursuing a master's degree in performance and pedagogy with an emphasis in injury preventive keyboard performance. How do you think you would contribute to the program both as a performer and as a teacher, and what do you hope to contribute to the field more generally? In this statement, also, please reflect on your past, present, and future as a musician.
- Please follow these guidelines
  - Suggested length of 600-1,000 words
  - Word processed
    - 12 pt font
    - Double-spaced
    - 1" margins

## **Audition Repertoire**

**(Please submit audition repertoire on a separate sheet.)**

**Admission to the graduate music program is continuous.** For fall semester enrollment and priority consideration for assistantships and scholarships, it is *suggested* that students submit materials, including the pre-screening recording, by January 15. However, applications will be accepted for consideration and scholarships may be available if received after January 15. Please submit materials as early as possible.

### **Pre-screening Recording Requirements**

All applicants must submit a recent, unedited 10-15 minute pre-screening video recording(s) through an accepted online portal. The pre-screening recording must include at least two contrasting pieces, at least one of which must be memorized.

The live audition may include the same pieces as the pre-screening recording. **Keyboardists who are experiencing playing-related injuries must submit the most recent video recording of a live performance, and, if possible, documentation from a licensed health care provider of the playing-related injury.** Camera angle(s) should include head, arms, hands, and feet.

**Audition Repertoire** - Performances from memory are encouraged by not required.

- Piano
  - One work by a Baroque composer, such as J.S. Bach, Scarlatti, or Couperin.
  - One movement of a Classical sonata by Haydn, Mozart, Beethoven, or Schubert.
  - One Romantic work from the 19<sup>th</sup> century by Chopin, Robert Schumann, Liszt, Mendelssohn, or Brahms, etc.
  - One work by a major composer from 1890 to the present.
- Organ
  - One major work by J.S. Bach (Prelude/Fantasy/Toccata & Fugue or Trio Sonata).
  - Two contrasting major works or movements from the 19<sup>th</sup>, 20<sup>th</sup>, or 21<sup>st</sup> century repertoires.
  - Performance of a hymn from a mainline denomination hymnal (list title, hymnal, and hymn number).