

MUSIC DEPARTMENT ACCEPTANCE FORM

2009 - 2010

_____	_____
<i>Name</i>	<i>Instrument/Voice Type</i>
_____	_____
<i>ID#</i>	<i>Degree/Music Option</i>

Please return this form as soon as possible. Acceptance forms not returned will be awarded to alternate students. Please retain a copy for your records. All acceptance forms must be received by May 1, 2009.

Have you accepted a scholarship offer from another university? _____
If yes, have you requested a release from that university? _____
(Please include a copy of the written release.)

As an undergraduate or performance option graduate student, you will be receiving private applied music lessons on your instrument from one of our applied faculty as stated above. You will be required to maintain a minimum enrollment of 12 units (8 units for graduate students) and audition & enroll in 2 units of ensemble every semester you are enrolled in private lessons.

In accepting this offer from the Music Department of CSUN, I understand that there is a mutual commitment on the part of myself and the institution. Therefore, after **May 1, 2009**, I agree that I will not consider any other offer from an institutional member of the National Association of Schools of Music for the academic year 2009-2010, except with the express written consent of the Chairman of the Music Department at CSUN.

I accept this offer. I WILL be attending the CSUN Music Department.

I decline this offer. I will not be attending the CSUN Music Department.

To help us improve, please indicate reason(s) for your decline of our invitation to attend CSUN as a Music Major.

___ Have to delay my college education for personal reasons

___ Received more substantial scholarship offer from another institution

___ Accepted offer from an institution with a music faculty I consider to be of higher quality

Please name that institution _____

___ Accepted offer from an institution whose music program I consider to be of higher quality

Please name that institution _____

___ Was not pleased with the Music Department's processing of my request for an audition

___ Was not pleased with the audition experience itself

___ Was not pleased with the way the interview experience was conducted (if applicable)

___ Other concern(s): _____

Signature: _____ **Date** _____

Please return your completed form to:

CSUN Music Department
New Students - FALL 2009
18111 NORDHOFF STREET
NORTHRIDGE, CA 91330-8314