#### Application for Music Therapy Undergraduate

#### Professional Sequence Admission

The Music Therapy Professional Sequence is comprised of the following upper division courses in the Music Therapy curriculum:

MEMT 338 Reh/Cond Clinic: Non Trad Ens

MEMT 396 Clinical Practicum (6)

MEMT 455 Psyc/Acoustic Mus

MEMT 463 Influence of Mus on Bhvr

MEMT 464 Music in Therapy

MEMT 586 Sem MT Prof Dev I

MEMT 587 Sem MT Prof Dev II

MEMT 596 Clinical Internship

Students pursuing the music therapy Bachelor’s degree should apply for admission to the Professional Sequence upon completion of the second semester of their sophomore year with 50 or more KU hours. Transfer students with over 45 hours of transfer credit must complete this application the first semester of classes at KU. **Students may not enroll in courses listed in the Professional Sequence prior to formal approval by the Director of Music Therapy.**

Admission to the Music Therapy Professional Sequence is based upon the following minimum criteria:

1. Cumulative Grade Point Average of 3.00 or higher.

2. Grade Point Average of 3.00 or higher in all MEMT Courses

3. A grade of “C” or better in each of the following courses:

MEMT 150, MEMT 196, MEMT, 250, MEMT 251, MEMT 296.

4. At least 50 semester hours of college credit.

5. A signed applied music recommendation form verifying successful completion of the first semester of Sophomore Level lessons.

6. Successful completion of the Application form.

7. Submit complete application to**: Dr. Cynthia Colwell at** [**ccowell@ku.edu**](mailto:ccowell@ku.edu) **via email attachment.**

***Candidates are reviewed for admission periodically.***

App Received \_\_\_\_\_\_\_\_\_\_--

## Application for Music Therapy Undergraduate Professional Sequence Admission

*Name in Full*       *KU Student Number*      

*Present Address*     

# Number and Street City State Zip

*Present Phone No. (*     *)*      *Permanent Phone No. (*     *)*      

*Area Code Number Area Code Number*

*Permanent Address*     

# Number and Street City State Zip

# Email       Major Performance Medium

Major Performance Instructor Name       Performance Minor (if applicable)

Total hours completed       All MEMT GPA       Overall GPA

*(transfer/45hrs,Ku/50hrs) (must be 3.00 or higher) (must be 3.00 or higher)*

Grades in the following coursework of “C” or better:

      MEMT 150 (Fall)       MEMT 251 (Fall)

      MEMT 196 (Spring)       MEMT 296 (Spring)

      MEMT 250 (Spring)       Signed applied music recommendation form verifying successful completion of the first semester of sophomore level lessons.

**The information below is required of all students intending to enter the music therapy professional sequence at the University of Kansas. Your truthful response to these questions is therefore mandatory.**

Have you ever been convicted of a felony or a crime? No Yes

(If yes, please attach a copy of the court documents regarding conviction.)

Have you ever entered into a criminal diversion agreement? No Yes

(If yes, please submit a copy of the diversion agreement.)

Are criminal charges pending against you in any state? No Yes

(If yes, please attach a copy of the court documents regarding your case.)

Have you ever had a teaching certificate revoked, suspended No Yes

or denied in any state?

If yes, please give details of the circumstances and attach a copy of the documents regarding the official action taken:

Have you ever been terminated from a healthcare position for unethical No Yes

or unprofessional activities?

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**

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| --- |
| **DO NOT WRITE BELOW THIS LINE** |
| **This section will be completed by faculty from the Music Therapy Office.** |

**Status: ☐ RegularAdmission ☐ Denied Admission** \*Deficiencies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorizing Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**TO: SOM UG Student Services Director, 450 Murphy:**

**☐ CHANGE major code** from MTP-BM **to MTPPS-BM ☐ DO NOT CHANGE** THE PLAN FOR THIS STUDENT

Additional Comments:

Applied Music Recommendation Form

Application for Music Therapy Undergraduate

Professional Sequence Admission

**This form is to be completed by the student’s applied instructor in the major performance medium upon completion of the first semester of Sophomore level lesson**s.  **Please complete and sign the form.**

Student Name:       KUID #:

|  |
| --- |
|  |

**The music therapy student named above has completed the first semester of sophomore level applied music study of his/her major performance medium in your studio.** Is the student making satisfactory progress toward quiz-out performance medium emphasis?

No  Yes

**The music therapy student named above has completed the first semester of sophomore level applied music study of his/her major performance medium in your studio.** Is the student making satisfactory progress toward quiz-out performance medium emphasis?

No Yes

**Comments (optional)**

The student is studyingas his/her major performance medium and at the current rate of progress, should be ready to perform in a senior recital in his/her senior year.  No Yes

# Instructor Name (Please type or print) Signature Date

**Return form:** To the student who will attach it to his/her application for admission to the professional sequence.