

EAST LOS ANGELES COLLEGE
MUSIC DEPARTMENT
APPLIED MUSIC PROGRAM

APPLICATION FORM

LATE SUBMISSIONS WILL NOT BE ACCEPTED. Once we have received your application, we will contact you with an audition time. Please EMAIL this form to Dr. Chic Nagatani at nagatac@elac.edu

Name: _____ SID # _____

Address: _____

Phone: _____

Email: _____

Choose one: Instrument: _____ OR Voice Category: _____

No. of years studied on instrument/voice _____

Was this: ☐ private lessons ☐ class/group instruction ☐ both

If class instruction at ELAC, list all courses taken: _____

◆ I have successfully taken the following music courses:

Theory/Harmony: ☐101 ☐200 ☐201 ☐202 ☐203

Musicianship: ☐211 (217-2) ☐212 (218-2) ☐213 (219-2)

Piano: ☐321 ☐322 ☐323 ☐324 ☐341-1 ☐341-2 ☐341-3 ☐341-4

Music History: ☐111 ☐121 ☐122

◆ I will be concurrently enrolled in an ensemble class. (Course name/no. _____)

◆ I plan to complete my AA music degree within the next 2-3 years:

☐YES ☐NO

Pieces I will be performing for the audition* (include composer):

1. _____

2. _____

Pieces I have studied in the past year (optional):

1. _____ 3. _____

2. _____ 4. _____

***WILL YOU REQUIRE AN ACCOMPANIST FOR YOUR AUDITION?** _____