

(Please look for details concerning entrance examen conditions on our website: www.mh-trossingen.de)

APPLICATION

for study at the Staatliche Hochschule für Musik Trossingen

Schultheiß-Koch-Platz 3, 78647 Trossingen

Phone 0049 (0)7425 / 9491-0 Fax 0049 (0)7425 / 9491-48

(photo)

for entrance in summer semester 20..... (registration deadline Nov., 15th)

for entrance in winter semester 20..... (registration deadline April, 15th)

Last name :

First name :

Birth name:

(if different from above)

Family status:

Date of birth :

Place of birth :

Country of place of birth:

Gender :

female

male

Nationality:

Current address :

Telephone :

e-mail:

Home or permanent
address :

I am applying for admission to the following course of study : (please choose from the following options)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Teacher's Diploma

Performer's Diploma

Teacher's Diploma in EARLY MUSIC

Performer's Diploma in EARLY MUSIC

School music

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Church music B

Church music A

Contact study

Solistische Ausbildung (state if for Early Music)

Major instrument : _____

compulsory second instrument:

Piano

Accordion

Harpsichord

(please choose from the following options)

Preferred teacher for major instrument (if any): _____

Have you previously undertaken an entrance examination for study at the Staatliche Hochschule für Musik Trossingen or ever apply for an entrance examen?

No _____

Yes, please specify which semester: _____

Have you previously studied in another college, technical institute, or other similar educational institute?

No _____

Yes, please specify location in Germany : _____

in another country : _____

Name of institute : _____

Number of semesters (excluding vacation semester) : _____

Previous course of study : _____

Direction or study goals : _____

Previously studied instruments : _____

Creditable undergraduate examinations completed elsewhere: _____

If applicable, please list other periods of study with completed work and goals, and number of semesters taken on a separate sheet of paper.

Location and date of graduation : _____

Are you currently enrolled in another college, technical school, or similar institute?

No _____

Yes, please give details : _____

Instrument : _____ semester : _____

Are you currently working?

No _____

Yes, please give employer : _____

Please include the following with this application:

- 3 passport photos (**in all**) please write your name on the reverse
- A handwritten resume with a description of your educational background.
- An authorized copy of student reports indicating readiness for higher education, or certification to that effect. This is in accordance with the wishes of the Ministry of Arts & Sciences in Baden-Württemberg (Ges.Bl.S. 461, March 29,1976).
- Certification of previous education, and successfully completed examinations (for reports from other countries, please include a reliable **German translation**)
- Applicants wishing to study Rhythmik, please include a doctor's certificate stating that there is no medical reason the applicant should not study this major.
- Applicants from other countries, please provide proof of satisfactory knowledge of the **German language** as well as **a declaration proving your ability to finance your studies.**
- Applicants from other countries give proof of nationality (for example: copy of passport)
- Written **program** for the audition
- **Proof of payment of application fee of Euro 30,--** in Germany: to account no. 917887, Kreissparkasse (bank) Trossingen, bankcode 643 500 70, from other countries: to Int.Bank Acc.No.: DE46 64350070 0000 917887, BIC: SOLA DES1TUT. This is in compliance with § 27 part 2 of rules concerning matriculation.
If you withdraw your application, paid fee will under no circumstances not be reimbursed.

I agree to the conditions of this application. I give consent to have my personal data contained herein in an internal Hochschule data processing system for the duration, until completion of the entrance examination. No unforeseen third party shall have access to this information.

.....
(Date)

.....
(Signature)

.....
(If necessary, signature of parent or legal guardian)

I give my permission for my son / daughter to study at this institution.