



**Master of Music  
Supplemental Application to the Department of Music**

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Degree Program (check one): \_\_\_\_\_ Semester of Enrollment: \_\_\_\_\_

Performance  Composition

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_

Check this if you wish to take the optional Music Theory Examination

**Additional required items. Please attach as separate files:**

Curriculum Vita

List of solo repertoire performed

Please submit this supplementary application to Dr. Terry B. Ewell, MM program Director,  
[tewell@towson.edu](mailto:tewell@towson.edu); Towson University; 8000 York Road; Towson, MD 21252-0001

**Education:**

**Performance Experience:**

**Teaching Experience:**

**Honors and Awards:**

**Please list your audition repertoire:**