

## 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 464 Music in Therapy
MEMT 396 Clinical Practicum (6)	MEMT 586 Sem MT Prof Dev I
MEMT 455 Psyc/Acoustic Mus	MEMT 587 Sem MT Prof Dev II
MEMT 463 Influence of Mus on Bhvr	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.*

**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 or denied in any state?  No  Yes

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 or unprofessional activities?  No  Yes

\_\_\_\_\_  
**Signature** **Date**

**DO NOT WRITE BELOW THIS LINE**

**This section will be completed by faculty from the Music Therapy Office.**

Status:  Regular Admission  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

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**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 lessons. Please complete and sign the form.**

Student Name: \_\_\_\_\_ KUID #: \_\_\_\_\_

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**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)** \_\_\_\_\_

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The student is studying \_\_\_\_\_ as 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.