

## **Application for ADMISSION to the Undergraduate MUSIC THERAPY PROFESSIONAL SEQUENCE**

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

MEMT 329 Reh/Cond Clinic: Non Trad Ens

MEMT 331 Reh/Cond Clinic: Choral

MEMT 366 Int Res Mus Thr&Ed

MEMT 367 Mng Behvr Mus Envr

MEMT 396 Clinical Practicum (4)

MEMT 455 Psyc/Acoustic Mus

MEMT 463 Influence of Mus on Bhvr

MEMT 464 Music in Therapy

MEMT 596 Clinical Internship **or**

MEMT 597 Ind Study 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 2.75 or higher.
2. Grade Point Average of 2.75 or higher in 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.

*Candidates are reviewed for admission periodically.*

**UG Music Therapy Professional Sequence Application for 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 \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

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

Total hours completed \_\_\_\_\_  
(transfer/45hrs, Ku/50hrs)

MEMT GPA \_\_\_\_\_  
(must be 2.75 or higher)

Overall GPA \_\_\_\_\_  
(must be 2.75 or higher)

Grades in the following coursework of "C" or better:

- \_\_\_\_\_ MEMT 150 (Fall)
- \_\_\_\_\_ MEMT 196 (Spring)
- \_\_\_\_\_ MEMT 250 (Spring)
- \_\_\_\_\_ MEMT 251 (Fall)
- \_\_\_\_\_ MEMT 296 (Spring)
- \_\_\_\_\_ Signed applied music recommendation form verifying successful completion of the first semester of sophomore level lessons.

**Status:** ( ) Regular Admission  
( ) Denied Admission \* (see Deficiencies)

\*Deficiencies: \_\_\_\_\_

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

\*\*\*\*\*

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

- Please CHANGE the major code for this student from MT-BME to MTPS-BME effective immediately.
- DO NOT CHANGE THE PLAN FOR THIS STUDENT

Additional Comments: \_\_\_\_\_

Original to: Div. Prof. Seq. Application File  
cc: Div. Prof. Seq. Letter File  
Student  
MEMT Student File  
SOM UG Student Services Director, 450 Murphy

**APPLICATION FOR ADMISSION TO THE  
MUSIC THERAPY PROFESSIONAL SEQUENCE**

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 \_\_\_\_\_ Instructor Name for Major Performance Medium \_\_\_\_\_

Performance Minor (if applicable) \_\_\_\_\_

Total hours completed \_\_\_\_\_  
*(transfer/45hrs, Ku/50hrs)*

MEMT GPA \_\_\_\_\_  
*(must be 2.75 or higher)*

Overall GPA \_\_\_\_\_  
*(must be 2.75 or higher)*

Grades in the following coursework of "C" or better:

- \_\_\_\_\_ MEMT 150 (Fall)
- \_\_\_\_\_ MEMT 196 (Spring)
- \_\_\_\_\_ MEMT 251 (Fall)
- \_\_\_\_\_ MEMT 296 (Spring)
- \_\_\_\_\_ Signed applied music recommendation form verifying successful completion of the first semester of sophomore level lessons.

Successful completion of application form. Yes \_\_\_\_\_ No \_\_\_\_\_

**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

# Applied Music Recommendation Form

## Admission to the Music Therapy Professional Sequence

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

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?

Yes \_\_\_\_\_ No \_\_\_\_\_

Comments (optional) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. Yes \_\_\_ No \_\_\_

\_\_\_\_\_  
*Instructor Name (Please type or print)*

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

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

**Please send to: Coordinator of the MT Professional Sequence, The University of Kansas, MEMT, 448 Murphy Hall, Lawrence, Kansas, 66045.**