

THE JERUSALEM ACADEMY OF MUSIC AND DANCE

Givat Ram Campus, Jerusalem Tel. 972-2-6759913 Mail: Luisa@jamd.ac.il

APPLICATION FOR ADMITTANCE

Major Subject _____ Faculty _____

Surname _____ Name _____ Date of Birth _____

Passport/I.D Number _____

Permanent address _____ Tel. _____

Temporary address _____ Tel. _____

E-mail _____

Date of arrival in Israel _____

Name of spouse _____ Children _____

Father's name _____ Tel./E-mail _____

Mother's name _____ Tel./E-mail _____

Academic record: School _____ Years of study _____

Year of completion _____

Music Education: School/College _____ City _____

Year of completion _____

Major subject and names of teachers under whom you studied:

<u>Major Subject</u>	<u>Teachers</u>	<u>Number of years</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Languages _____

Please enclose:

1. Certificate of Education (Matriculation Certificate or equivalent) translated by a notary.
2. Certificate from other institutions translated by a notary.
3. A physician statement attesting to candidate good health and fitness.
(Vocal students must present a health certificate from a nose, ear and throat doctor)
(Dance Students must present a health certificate from an orthopedist).
4. Three photographs (Passport size).
5. CV letter recommended.

Signature _____