



VANCOUVER ACADEMY OF MUSIC
S. K. LEE COLLEGE
 1270 Chestnut Street
 Vancouver BC V6J 4R9 Canada
 FAX 604 731 1920 • TEL 604 734 2301
 www.college.vam.ca
 email: college@vam.bc.ca

APPLICATION FORM FOR INTERNATIONAL STUDENTS

Music Performance Diploma/TRU-OL B.Mus.
 & Artist Diploma Programs

		MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
DATE			
SURNAME (legal)	FIRST NAME	MIDDLE NAME	
EMAIL ADDRESS	PRIMARY PHONE NUMBER	SECOND PHONE NUMBER	
DATE OF BIRTH: DD-MM-YYYY	COUNTRY OF BIRTH	CITIZENSHIP	
CURRENT MAILING ADDRESS	CITY/PROVINCE	POSTAL CODE	COUNTRY
PERMANENT MAILING ADDRESS (IF DIFFERENT)	CITY/PROVINCE	POSTAL CODE	COUNTRY
EMERGENCY CONTACT PERSON/ RELATIONSHIP TO STUDENT	ADDRESS	TELEPHONE	EMAIL ADDRESS

STATUS IN CANADA	
<input type="checkbox"/> CANADIAN CITIZEN/PERMANENT RESIDENT <input type="checkbox"/> STUDY PERMIT	<input type="checkbox"/> WILL APPLY FOR CANADIAN STUDY PERMIT <input type="checkbox"/> WORK PERMIT <input type="checkbox"/> WORKING HOLIDAY VISA <input type="checkbox"/> VISITOR RECORD <div style="text-align: right; margin-top: 5px;"> _____ EXPIRY DATE DD-MM-YYYY </div>

CHECK MAJOR FIELD OF STUDY:				
<u>VOICE</u>	<u>INSTRUMENT</u>			
<input type="checkbox"/> SOPRANO	<input type="checkbox"/> PIANO	<input type="checkbox"/> OBOE	<input type="checkbox"/> TROMBONE/TUBA	<input type="checkbox"/> COMPOSITION
<input type="checkbox"/> MEZZO	<input type="checkbox"/> HARP	<input type="checkbox"/> CLARINET	<input type="checkbox"/> PERCUSSION	<input type="checkbox"/> OTHER
<input type="checkbox"/> CONTRALTO	<input type="checkbox"/> VIOLIN	<input type="checkbox"/> FLUTE		
<input type="checkbox"/> TENOR	<input type="checkbox"/> VIOLA	<input type="checkbox"/> BASSOON		
<input type="checkbox"/> BARITONE	<input type="checkbox"/> VIOLINCELLO	<input type="checkbox"/> HORN		
<input type="checkbox"/> BASS	<input type="checkbox"/> DOUBLE BASS	<input type="checkbox"/> TRUMPET		
			TEACHER PREFERENCE	

CHECK PROGRAM TO WHICH YOU ARE APPLYING:	<input type="checkbox"/> MUSIC PERFORMANCE DIPLOMA / TRU-OL B.Mus. <i>Start date: September</i>	<input type="checkbox"/> ARTIST DIPLOMA <i>Start date: September or January</i>
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ARE YOU CURRENTLY TAKING PRIVATE MUSIC LESSONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, NAME OF TEACHER	TEACHER CONTACT INFO	

ARE YOU CURRENTLY ENROLLED IN A SCHOOL OF MUSIC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, NAME OF SCHOOL	SCHOOL ADDRESS	

PLEASE PROVIDE DETAILS OF ANY AWARDS, SCHOLARSHIPS, ETC. THAT YOU MAY HAVE RECEIVED:

RECEIVED FROM	DATE RECEIVED
RECEIVED FROM	DATE RECEIVED
RECEIVED FROM	DATE RECEIVED

HIGH SCHOOL and COLLEGE ATTENDED					
NAME AND ADDRESS	FROM (MM-YYYY)	TO (MM-YYYY)	GRADUATION YEAR	MAJOR	DEGREES

MUSIC EDUCATION (Please arrange chronologically and include teacher or music school.)				
SUBJECT	PRIVATE TEACHER/SCHOOL	ADDRESS	FROM (MM-YYYY)	TO (MM-YYYY)

GENERAL EDUCATION (Other educational experiences--summer programs, language study, etc..)

REPERTOIRE	
This section MUST BE COMPLETED BY ALL applicants. Please list below the music you have studied and which you consider a part of your repertoire. Technical studies should be included. Please attach an extra page if necessary.	
NAME OF COMPOSER	TITLE OF WORK (Role, if applicable)

AUDITION PROGRAM

Important: This section is to be filled out by all applicants. Applicants must arrange a specific time for audition by emailing <college@vam.bc.ca>. If a live audition is not possible, applicants may be able to submit an audition by YouTube link.

NAME OF COMPOSER	TITLE OF WORK (Role, if applicable)

WHAT IS YOUR ULTIMATE AIM IN STUDYING MUSIC?

HOW DID YOU HEAR ABOUT VAM?

- TEACHER FRIEND/RELATIVE STUDENT NEWSPAPER
 FACEBOOK INTERNET EDUCATIONAL CONSULTANT/AGENCY OTHER: _____

EDUCATIONAL CONSULTANT/AGENCY INFORMATION, if applicable

COMPANY NAME	CONTACT PERSON	PHONE NUMBER	EMAIL ADDRESS

STUDENT SERVICES

1. DO YOU REQUIRE STUDENT HOTEL/HOMESTAY ARRANGEMENT AND/OR AIRPORT PICKUP? NO YES (If yes, contact international@vam.bc.ca)
 2. DO YOU REQUIRE TEMPORARY MEDICAL INSURANCE? NO YES (If yes, contact international@vam.bc.ca)

Send your completed application papers and fees to:

College Admissions
Vancouver Academy of Music
1270 Chestnut Street
Vancouver, BC V6J 4R9 Canada

Feel free to send forms to our email : college@vam.bc.ca

By signing below, the applicant:

(a) confirms that they understand and accept the information provided, including the Refund Policy

(b) attests to the accuracy of the information submitted on this form and all supporting materials

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT OR GUARDIAN (If applicant is under age 19)

DATE SIGNED

DATE SIGNED

CHECKLIST

Your completed Application Form must be sent to College Admissions with all of the following included:

- Live audition or YouTube submission
- Completed Application Form
- Official transcript(s) from secondary schools and colleges attended.
- Two Evaluation Forms or letters from professional musicians, either teachers or performers.
- Non-refundable Application Fee of \$40.00 (Canadian/Permanent Resident) or \$150.00 (International).
Please make cheques out to: VAM. Fees must be paid in Canadian dollars and can also be paid by etransfer, electronic funds transfer, or wire transfer. For more information on fee payment contact: college@vam.bc.ca
- Copy of passport photo page
- Test of English as a Foreign Language (TOEFL) scores or equivalent, are required of every applicant whose first language is not English.
Scores can be obtained at: www.ets.org/toefl
Vancouver Academy of Music Code Number: 9958