

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 _____ B.Mus. / M.Mus.

Surname _____ Name _____ Date of Birth _____

Passport/I.D Number _____

Permanent address _____ Tel. _____

Temporary address _____ Tel. _____

E-mail _____ Languages _____

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:

Major Subject	Teachers	Number of years

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 _____