



Long Island Conservatory of Music

1125 Willis Avenue, Albertson, NY 11507
Telephone: 516-625-3455 Fax: 516-625-3032
www.licm.edu / info@licm.edu

Approved by Immigration & Naturalization Service

Application Form

1. Print, in English, your full name as it appears on your passport

Last

First

2. Home Address:

Number and Street

Apartment Number

City

State

Zip Code

Country

Telephone Number

Email

3. Mailing Address, if different than Home Address:

Number and Street

Apartment Number

City

State

Zip Code

Country

Telephone Number

Email

4. Date of Birth: _____ / _____ / _____
Month Day Year

5. Social Security Number: _____ - _____ - _____

6. Sex: Male _____ Female _____

7. Marital Status: Married: _____ Single: _____

8. Semester: Fall _____ Spring _____ Summer _____ Year: _____

9. Program you're applying for: 1) Undergraduate: _____

2) Graduate: _____ Artist Diploma _____

10. Category: Instrument: _____ Vocal: _____

11. Please check if interested in scholarship information _____



Long Island Conservatory of Music

Audition Information and Reference

Recommendation and Reference

For each recommendation sent, please list each instructor's name and position.

Music Education and Background

Current Music Instructor: _____

Period of study: _____

Previous Music Instructor: _____

Period of Study: _____

Audition Repertoire

Indicate below the repertoire selections that you are prepared to perform:

Title	Composer
_____	_____
_____	_____
_____	_____

Application Statement

My signature below indicates that all information on this application is complete, accurate and honestly presented. I further understand that the information furnished on this application form, together with information and materials of any kind received by the Long Island Conservatory of Music, from any source, become the property of the Long Island conservatory of Music and cannot be returned. All materials will be used for official purposes.

Applicant Signature

Date

Parent/Guardian Signature

Date



Long Island Conservatory of Music

Declaration of Applicant

In order for your application to be considered for admission, you must read and sign the following statement: "I certify that the statements on this form are correct. I understand that any questions answered incorrectly can result in the cancellation of my application, or, if discovered later, in my dismissal from the Long Island Conservatory of Music."

Signature of applicant or sponsor _____ Date: _____

Affidavit of Support: REMEMBER, if you are supporting yourself you must include the necessary financial documentation from your own personal bank account. You do not have to complete this affidavit.

PLEASE PRINT LEGIBLY:

"I have read this application and am willing to support _____ during his/her studies at LIC. I agree to accept full responsibility for his/her tuition and living expenses."

FAMILY/SPONSOR NAME: _____
Last First

FAMILY/SPONSOR ADDRESS: _____
Number
Street Apt. No.

City State Zip Code Country

Relationship to Applicant: _____

THIS AFFIDAVIT MUST BE SIGNED IN THE PRESENCE OF A NOTORIZING OFFICIAL;

I affirm that I understand the contents of this affidavit signed by me and the statements are true and are correct.

Signature of Family/Sponsor _____ Date: _____

NOTARY:

Sworn and subscribed before me this _____ day of _____ of _____.

Signature and Seal of Notarizing Official

Long Island Conservatory of Music

VISA Information

1. Do you need an I-20 issued by the Long Island Conservatory of Music?
Yes ____ No ____ If no, what type of Visa do you intend to get? _____
2. Are you a permanent resident of the U.S.? Yes ____ No ____
3. Are you a citizen of the U.S.? Yes ____ No ____

If the answer to any of the above two questions is yes, you must send a copy of your green card or passport.

4. Do you have a U.S. Social Security Number? Yes ____ SS# _____
5. Are you currently in the U.S.,? Yes ____ No ____
If yes, what type of Visa do you have? F-1 ____ F-2 ____ B1-B2 ____ Other: ____
VISA expiration date: _____

*Please send a photocopy of your Visa and I-94 form.

6. Are you transferring from another school in the U.S.?
Yes ____ No ____ If yes, name of school: _____

*Transferring students must submit with application documents:

Verification from their current school that they have maintained their immigration status and are eligible to transfer, i.e. LICM transfer report.

A copy of their I-20 form from their current school.

A copy of their Visa.

Statement of Financial Support

How will you pay for the expenses including tuition and living expenses while attending LICM? Please check the appropriate box below and follow the instructions.

Check one:

Family ____ Sponsor ____ Personal Savings ____

You must show that you can cover your expenses while in the U.S. Please request a letter from your bank that states your balance in U.S. dollars. Send the original (**not a photocopy**) with your signed application.

Payment Method:

Personal Check ____ MasterCard ____ Visa ____ Money Order ____ Card

Number: _____

Expiration Date: _____

Use this method of payment for:

I-20 processing and shipping fee ____ Application Fee ____ Tuition ____

If you are supported by your family or a sponsor, you must show that they can cover your expenses while in the U.S. Please have them request a letter in English from their bank that states their current balance in U.S. dollars. Send the original bank letter and completed affidavit of support with an original signature on the next page. If your family or sponsor in the U.S. is applying for you, they must also sign the declaration of applicant below.