*Please submit the completed form to your Ethnomusicology Campus Advisor no later than the end of the add/drop period in the first semester of your senior year. You are strongly encouraged to submit the form as early as possible*. *More information about the certificate is available at* [*https://www.fivecolleges.edu/ethnomusicology/certificate*](https://www.fivecolleges.edu/ethnomusicology/certificate)*.*

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| --- | --- |
| Student Name:  Click or tap here to enter text. | Institution:  Click or tap here to enter text. |
| Student ID number:  Click or tap here to enter text. | Expected date of graduation (month and year):  Click or tap here to enter text. |
| Campus Email:  Click or tap here to enter text. | Major /Minor / Concentration:  Click or tap here to enter text. |
| Ethnomusicology Campus Advisor Name (print):  Click or tap here to enter text. | Major Advisor (if different):  Click or tap here to enter text. |
| Ethnomusicology Certificate Focus:  Click or tap here to enter text. |  |

**Statement of Interest:** Briefly describe why you wish to participate in the Five College Ethnomusicology Certificate Program. How will the certificate fit into your overall college experience? How will it connect to your future goals? (Approximately 50 words.)

Click or tap here to enter text.

**Experience:**

*List any required courses that you have already completed that could satisfy the requirements for the Five College Certificate in Ethnomusicology*

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| **Institution** | **Course title** | **Dept.** | **Course #** | **Semester/Year** | **Credits Earned** | **Instructor** | **Grade Pending? (Y/N)** |
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**Practical Experience**List any relevant practical experience (e.g. internships, study abroad, etc...). Include location, supervisor and a brief description

Click or tap here to enter text.

**For Campus Ethnomusicology Advisor**:

I have met with the student and support this application

Yes  No

Signature of Campus Ethnomusicology Advisor: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

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