

**FOR OFFICE USE ONLY**

Program/Level: \_\_\_\_\_  
Start: \_\_\_\_\_  
Date Received: \_\_\_\_\_  
Application Fee: \_\_\_\_\_  
Documents Missing: \_\_\_\_\_  
Database: \_\_\_\_\_

# APPLICATION FORM

**Personal Information (PLEASE PRINT CLEARLY)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (YYYY/MM/DD): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Residential Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Residential Phone #: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Permanent Phone #: \_\_\_\_\_

Are you an international student OR prospective international student?  Yes  No

*International students are required to apply for and receive a temporary resident visa as a member of the student class under the Immigration and Refugee Protection Act (Canada).*

What is your first language?  English  Other (specify): \_\_\_\_\_

*Applicants whose first language is not English must provide proof of English language proficiency.*

Are you applying as a third-party funded student?  Yes  No

*Check YES only if your tuition will be paid exclusively by an employer or another organization (e.g. WSIB, Aboriginal Band Council). Employment Ontario ("Second Career") clients or students who receive OSAP are not considered third-party funded students.*

**Program Information**

Select the program you wish to apply to:

- Audio Production Program (APP)  
 Arts Management Program (AMP)

Indicate your preferred start date:

- Summer (July 20\_\_)  
 Fall (November 20\_\_)  
 Spring (March 20\_\_)

**Previous Education (attach separate page if necessary)**

1. Secondary School: \_\_\_\_\_

Ontario Secondary School Diploma (OSSD) or equivalent completed?  Yes  No

*The minimum entrance requirement is the OSSD or equivalent, such as the General Educational Development (GED) credential. Consult the Registrar's office for further details.*

2. Post-Secondary School: \_\_\_\_\_

Major/Area of Study: \_\_\_\_\_ Level Completed: \_\_\_\_\_

3. Additional Studies: \_\_\_\_\_

## Additional Information (attach a separate page if necessary)

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1. What is your career objective?  
\_\_\_\_\_
2. List your music related strengths/abilities:  
\_\_\_\_\_
3. Please describe any previous experience or training in music, audio, and/or the music industry:  
\_\_\_\_\_
4. How long have you been planning to attend a music industry training program?  
\_\_\_\_\_
5. How did you hear about Harris Institute?  
\_\_\_\_\_
6. Have you attended a Harris Institute Information Session/Tour?  Yes (Date: \_\_\_\_\_ )  No
7. Which schools did you research before making the decision to apply to Harris Institute?  
\_\_\_\_\_
8. What is your computer background (Mac/PC)? Which software are you familiar with?  
\_\_\_\_\_
9. How do you intend to finance your tuition (i.e. savings, parents, private loans, gov't student loans)?  
\_\_\_\_\_

## APPLICATION CHECKLIST

Applications must include ALL of the following (all correspondence must be in English):

- Completed and signed application form
- Résumé/curriculum vitae with cover letter describing the applicant's interests and career goals
- Transcript(s)\* of all previous secondary and post-secondary studies:
  - Transcript(s) attached*
  - Transcript(s) to be forwarded under separate cover by issuing institution(s)*
- Two (2) letters of reference (signed and sealed)
- \$100 application fee (payable in Canadian dollars)

\*All transcripts must be in English or verified translations. Applicants from outside Canada and the U.S. must provide comparative education documentation to establish OSSD equivalency; consult the Registrar's office for further details. Students whose first language is not English must also provide proof of English language proficiency.

**ONLY COMPLETE APPLICATIONS WILL BE PROCESSED**

## Signature and Declaration

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I, [PRINT NAME] \_\_\_\_\_, certify that all information contained in this application is complete and true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail or deliver completed application (including all required attachments and application fee) to:**  
Harris Institute, 118 Sherbourne St., Toronto, ON M5A 2R2 (CANADA), ATTN: Registrar | Tel: 416-367-0178 | Fax: 416-367-5534