

Frost School of Music Admission • P.O. Box 248165 • Coral Gables, Florida 33124-7610 • (305) 284-6168

Personal Information:

Social Security Number: _____ Date of Birth: ____/____/____

Mr.

Ms.

Full Name: _____

Last (Family)

First

Middle

Mailing Address: _____

Number and Street

City

Country

State

Zip

Telephone: _____ - _____ - _____ Email: _____

U.S. citizen: Yes No If no, Birth city and country: _____

Admission Information:

Have you previously applied to the University of Miami? Yes No If yes, when? (month/year) _____

Have you previously attended the University of Miami? Yes No If yes, when? (month/year) _____

High Schools/Colleges Attended:

Current School: _____

Name of Institution

Dates of Attendance

Previous Schools: _____

Name of Institution

Dates of Attendance (Month/Year to Month/Year)

Name of Institution

Dates of Attendance (Month/Year to Month/Year)

Course Number: MIP170 Marching Band Semester: Fall
28A

My signature below indicates: (1) that all the information contained in my application is complete, factually correct, and honestly presented; (2) that registration is only for the course and semester listed above; (3) that this application is for non-degree status and that if degree seeking status is desired the appropriate Undergraduate Applications must be submitted to the Office of Undergraduate Admission.

Signature

Date

Return this application along with your most recent official transcript, health/immunization records*, and \$150 registration fee to:

Frost Band of the Hour
201 Rehearsal Center
5501 San Amaro Drive
Coral Gables, FL 33146

* Note: Returning marching band students who are U.S. citizens do not need to resubmit health/immunization records after their first year.

University of Miami Immunization Record

Complete and return the Immunization Form before the deadline to avoid a \$50 fine and /or a registration
DEADLINE: Fall - August 22nd Spring - January 15th
Summer - April 15th

I. TO BE COMPLETED BY STUDENT (please print)

Name _____ UM Student# _____ Date of Birth _____
Last First M. I. mo day year

II. TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER

REQUIRED: DOCUMENTATION OF MEASLES, MUMPS AND RUBELLA IMMUNIZATION, OR LAB EVIDENCE OF IMMUNITY. All students born after 1956 must have received either:
1) Two doses of MMR or 2) Serologic proof of immunity to measles, mumps and rubella

MMR dose #1 _____ (after age 12 months, and in 1968 or later)
month day year

dose #2 _____ (at least 30 days after dose #1)
month day year

Measles immunity _____ (lab result must be provided)
month day year

Rubella immunity _____ (lab result must be provided)
month day year

Mumps immunity _____ (lab result must be provided)
month day year

REQUIRED IMMUNIZATIONS OR SIGNATURE DECLINING: Hepatitis B (3 shots), Meningococcal Meningitis

Hepatitis B Dose #1 _____ Dose #2 _____ Dose #3 _____
mo day yr mo day yr mo day yr

I have read the information provided and decline the **Hepatitis B** vaccine

Signature of student or parent/legal guardian if under 18 years of age date

Meningococcal Meningitis Menactra or Menomune _____
mo day yr

I have read the information provided and decline the **Meningococcal Meningitis** vaccine

Signature of student or parent/legal guardian if under 18 years of age date

RECOMMENDED: Varicella (Chicken Pox), Diptheria / Tetanus / Pertussis

Varicella History of disease? yes no Immunity _____ Tdap _____
mo day yr mo day yr

Dose #1 _____ Dose #2 _____
mo day yr mo day yr

REQUIRED: ALL INTERNATIONAL STUDENTS must answer the questions on page two of this form to determine the requirement for additional Tuberculosis (Tb) screening. Tb testing must be completed within six months prior to arrival on campus, or by one month after arrival on campus.

Name & title of physician or health care provider Signature Date

Address

City State Zip Telephone

III. ENTER INFORMATION at mystudenthealth.miami.edu and return completed form to: Student Health Service
5513 Merrick Drive, Coral Gables, FL 33146 Fax (305) 284-6463 studenthealth@miami.edu

Immunization information is provided to the State of Florida **FLORIDA SHOTS** immunization registry. Students can opt-out of this immunization registry by completing an opt-out form, available at www.miami.edu/student-health

VERIFICATION OF RECEIPT AND PROCESSING CAN BE OBTAINED at www.mystudenthealth.miami.edu

University of Miami Immunization Record - page 2 (required for International Students only)

Name _____ UM Student # _____
Last First M. I.

III: TUBERCULOSIS SCREENING FOR INTERNATIONAL STUDENTS:

1. Have you been in close contact with anyone sick with tuberculosis? Yes No

If yes, tuberculosis testing is required, regardless of country of origin.

2. Were you born in a country other than those listed below? Yes No

If yes, tuberculosis testing is required.

Please list country of birth: _____

3. Have you traveled to any country other than those listed below for greater than one month? Yes No

If yes, tuberculosis testing is required.

Please list all countries that you have lived in or traveled to for greater than one month:

If you answered yes to any of the above questions, PPD testing is necessary and must be performed within six months prior to arrival on campus, or by one month after arrival on campus.

If you answered no to all of the above questions, no additional tuberculosis testing is required.

Signature of student: _____

Date _____

Low Risk Countries

- | | | | |
|---------------------|-----------|----------------------|--|
| Antigua and Barbuda | Denmark | Jordan | Puerto Rico |
| Australia | Finland | Lebanon | Saint Kitts and Nevis |
| Austria | France | Luxembourg | San Marino |
| Barbados | Germany | Malta | Sweden |
| Belgium | Greenland | Monaco | Switzerland |
| Bermuda | Grenada | Montserrat | Trinidad and Tobago |
| Canada | Iceland | Netherlands | United Kingdom of Great Britain and Northern Ireland |
| Cayman Islands | Ireland | Netherlands Antilles | United States of America |
| Cuba | Israel | New Zealand | United States Virgin Islands |
| Cyprus | Italy | Norway | |
| Czech Republic | Jamaica | Oman | |

PPD Testing (required if you answered yes to any of the above questions)

PPD (Mantoux 5 TU only) Positive Negative mm induration _____

If positive, a chest X-ray is required: Chest X-ray Normal Abnormal _____

(copy of chest X-ray report must be attached to this form)

If PPD was positive and chest X-ray was negative, was treatment of latent Tb offered? Yes No

If PPD was positive and chest X-ray was negative, was treatment of latent Tb accepted? Yes No

Details of treatment including drug, dose, frequency and duration. _____

Name & title of physician or health care provider

Signature

Date

ENTER INFORMATION at mystudenthealth.miami.edu and return completed form to: Student Health Service
5513 Merrick Drive, Coral Gables, FL 33146 Fax (305) 284-6463 studenthealth@miami.edu

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number										

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number										

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.