CONTACT INFORMATION

Phone: (860) 768-4465
Fax: (860) 768-4441
E-mail: harradadm@hartford.edu

Questions about completing application requirements are answered on our Web site:

www.hartford.edu/hartt
Section 1: Application

THE HARTT SCHOOL
Application for Graduate Admission

☐ Fall ☐ Spring ☐ Summer Year ________________ ☐ Full Time ☐ Part Time ☐ Summers only

PERSONAL DATA
(Please type or print)

Legal name: ____________________________________________
(Name as it appears on passport) Last (Family) First (Given) Middle (Complete)
Other name credentials may be under: ____________________________________________

Permanent address: ____________________________________________
Street City State ZIP Phone

Local address: ____________________________________________
Street City State ZIP Phone

Business address: ____________________________________________
Employer Fax no.
Street City State ZIP Phone

*E-mail: ____________________________________________
(*an e-mail must be supplied for application update and status)

Date of birth: Month ___________ Day ___________ Year __________ Sex: ☐ Male ☐ Female

Ethnic background (optional): ☐ Native American or Alaskan Native ☐ African-American ☐ Hispanic
☐ Asian-American or Pacific Island ☐ Caucasian ☐ Other ________________________________

Citizenship: Are you a U.S. citizen or a permanent resident (green-card holder)? ☐ Yes ☐ No
If no, what is your country of citizenship? __________________________ What is your country of birth? __________________________

Are you transferring a visa from another U.S. School? ☐ Yes ☐ No __________________________

Are you planning to come with spouse and dependants? ☐ Yes ☐ No __________________________

EDUCATIONAL PLANS AND OBJECTIVES

Degree applying for: ____________________________________________

How did you hear about the University of Hartford? ____________________________________________

Have you previously applied to the University of Hartford? ☐ Yes ☐ No If yes, when? __________________________

Are you seeking graduate transfer waiver/credit? ☐ Yes ☐ No If yes, from which institution(s)? __________________________

To what other programs have you applied? ____________________________________________

FEDERAL ASSISTANCE

To receive federal assistance, including Stafford loans, students at the University are required to file the Free Application for Federal Student Aid (FAFSA), available at www.fafsa.ed.gov
ACADEMIC HISTORY
List all postsecondary institutions you are currently attending or have attended. (Attach additional information on separate sheet.)

<table>
<thead>
<tr>
<th>Institution (List chronologically)</th>
<th>4-Digit Code (if known)</th>
<th>Location</th>
<th>Attended From-To</th>
<th>Degree</th>
<th>Year</th>
<th>Major/Minor</th>
<th>GPA</th>
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List the foreign languages in which you have a basic reading knowledge:__________________________________________________

TESTING INFORMATION: Have you taken any of the following tests? ☐ Yes ☐ No

☐ GRE DATE ___________ ☐ TOEFL+ DATE ___________

Have scores been forwarded to the University of Hartford? ________________________

*Note: International students for whom English is a second language are required to take the TOEFL (Test of English as a Foreign Language) prior to admission decision.

RECENT EMPLOYMENT HISTORY
(Attach additional information on separate sheet.)

<table>
<thead>
<tr>
<th>Employer (List chronologically)</th>
<th>Location</th>
<th>Dates</th>
<th>Position</th>
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AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, AND LICENSES
(Attach additional information on separate sheet.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
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RECOMMENDATIONS
List persons supplying your letters of recommendation.

<table>
<thead>
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<th>Name</th>
<th>Title</th>
<th>Address</th>
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I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission to the University of Hartford or may later be the basis for my withdrawal or dismissal.

Applicant’s signature ____________________________ Date ______________________________

Please return your application materials, with the nonrefundable application fee,* to the University of Hartford, Center for Graduate and Adult Academic Services, Computer and Administration Center, 200 Bloomfield Avenue, West Hartford, CT 06117-1599. Once your application and supporting materials have been processed, they become the property of the University of Hartford.

* $45 Domestic Application, $60 International Application. Hartt School students are required to pay an additional $30 processing fee; check should be made payable to the University of Hartford.
**THE HARTT SCHOOL**  
Supplementary Graduate Application

<table>
<thead>
<tr>
<th>Name</th>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
</table>

Principal Performance Area ___________________________  
Instrument or Voice type _______________________________

I wish to apply to the following Hartt graduate program:

- **MASTER OF MUSIC**
  - Instrumental Performance
  - Piano Performance
  - Piano Accompanying
  - Instrumental Performance with Suzuki Pedagogy emphasis
  - Vocal Performance
  - Organ and Liturgical Music
  - Conducting
  - Orchestral emphasis
  - Choral emphasis
  - Composition
  - Music History
  - Performance Practice emphasis
  - Scholarship and Research emphasis
  - Music Theory

- **MASTER OF MUSIC EDUCATION**
- **MASTER OF MUSIC EDUCATION WITH CERTIFICATION**
  - Performance emphasis
  - Conducting emphasis
  - Choral Conducting
  - Instrumental Conducting
  - Pedagogy emphasis *
  - Research emphasis
  - Early Childhood emphasis
  - Kodály emphasis *
  - Technology emphasis *

*Available for Summers only program

- **GRADUATE PROFESSIONAL DIPLOMA**
  - Performance
  - Composition
  - Orchestral Conducting

- **MUSIC EDUCATION CERTIFICATION PROGRAM**
  - General/Vocal emphasis
  - Instrumental emphasis

- **DOCTOR OF MUSICAL ARTS**
  - Performance
  - Composition
  - Choral Conducting
  - Music Education
  - Conducting emphasis
  - Orchestral Conducting
  - Instrumental Conducting
  - Pedagogy emphasis
  - Performance emphasis

- **DOCTOR OF PHILOSOPHY in Music Education**
  - Early Childhood emphasis
  - Pedagogy emphasis

- **ARTIST DIPLOMA**
  - Performance
  - Composition
Supplementary Graduate Application (continued)

If you have a Hartt School teacher preference in your performance area, please indicate here: ________________________

Previous music study in performance area:

<table>
<thead>
<tr>
<th>Teacher</th>
<th>City or Institution</th>
<th>Dates</th>
</tr>
</thead>
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<td>From ______ to ______</td>
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<td>From ______ to ______</td>
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Please indicate musical experience, professional or otherwise (attach additional pages as necessary):

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

List other schools to which you are applying for graduate study: ________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Indicate your career objectives in relation to your program by enclosing a Letter of Intent with your application. Describe your professional and career goals and how you expect study at The Hartt School to help accomplish them.

Required Application Fees:

$45.00 University of Hartford Application Fee / $60.00 International Students
$30.00 Hartt Application and Audition Processing Fee
Total Application Fees: $75.00 / $90.00 International
Payable to: University of Hartford
AUDITIONS, INTERVIEWS AND TESTING

NAME ________________________________

AUDITIONS/INTERVIEWS
All applicants must audition/interview as appropriate to their intended program. For specific requirements please refer to www.hartford.edu/hartt.

Please indicate with a 1, 2, or 3 your priority audition/interview dates:

<table>
<thead>
<tr>
<th>Dates</th>
<th>Postmark application deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ December 2, 2006</td>
<td>November 1, 2006</td>
</tr>
<tr>
<td>___ January 27, 2007</td>
<td>January 2, 2007</td>
</tr>
<tr>
<td>___ February 16, 2007</td>
<td>January 15, 2007</td>
</tr>
<tr>
<td>___ February 17, 2007</td>
<td>January 15, 2007</td>
</tr>
</tbody>
</table>

TESTING
All those applying for the DOCTOR OF MUSICAL ARTS or DOCTOR OF PHILOSOPHY IN MUSIC EDUCATION must complete entrance examinations in music theory and music history on the day of their audition and/or interview. Study guides are available at www.hartford.edu/hartt/adm-how-grad.htm.

PRELIMINARY VIDEOS for AD & DMA applicants:
Preliminary videos must be received with the application. Videos and applications received less than two weeks prior to the selected audition date may not be reviewed.

CONDUCTING APPLICANTS
All conducting applicants, including Orchestral Conducting, Choral Conducting, Instrumental (Wind Ensemble) Conducting, and Music Education/Conducting emphasis, must submit a preliminary conducting video for review before an in-person audition will be scheduled. Preliminary videos and completed applications must be postmarked on or before 30 days prior to intended audition date.

AUDITION BY TAPE
Instrumental and vocal applicants for the Master of Music or the Graduate Professional Diploma who are unable to attend the above audition dates and who live more than 300 miles from Hartford may complete the audition by submitting a video (standard-size VHS format or DVD). Taped auditions must be submitted along with completed application forms, postmarked on or before January 15.

☐ My video is enclosed, or I will/did mail my video on ______________.

INTERVIEW BY TELEPHONE
Master of Music: Composition, Music History
Graduate Professional Diploma: Composition
Applicants for these programs, who live more than 300 miles from Hartford, may elect to interview by telephone. Sample scores or research papers must be received for review before an interview will be scheduled. All applications must be postmarked on or before January 15, and all telephone interviews completed by February 23, 2007.

☐ I request a telephone interview. Preferred contact phone: (   ) ____________________.

☐ Day ☐ Evening
THE HARTT SCHOOL
Fellowship/Assistantship/Scholarship Application
(Academic year full-time applicants only)

Name ____________________________________________

Home Phone __________________________ Business Phone __________________

Address _______________________________________

<table>
<thead>
<tr>
<th>Street</th>
<th>Town</th>
<th>State</th>
<th>ZIP</th>
</tr>
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</table>

E-mail ____________________________________________

Degree __________________________________________ Major Area __________________________

Check one or more of the following:

I wish to be considered for a Teaching Fellowship and/or Graduate Assistantship in:

☐ Composition       ☐ Studio Accompanying       ☐ Administrative Assistance
☐ History           ☐ Suzuki Strings           ☐ Music Management
☐ Music Education   ☐ Music Theory            ☐ Performance
☐ Library Assistance ☐ Tutoring               ☐ Community Division Assistance
☐ House or Performing Organization Assistance/Management

Please identify below the qualifications and experiences that you believe would make you a strong candidate in the areas you have indicated (attach additional pages as necessary):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Duties will be assigned by Hartt Division Directors.

☐ I wish to be considered for a Talent Scholarship.

________________________________________
Signature

________________________________________
Date
THE HARTT SCHOOL
Preliminary Conducting Video Form

A preliminary conducting video is required prior to confirmation of an on-campus audition date.
Please clearly label the tape/DVD with your name, date of birth, and degree.
Tapes/DVDs that are not identified cannot be reviewed.

Student Name ______________________________________________________________________________________
Home Phone__________________________________________________ Business Phone ________________________
Address____________________________________________________________________________________________
    Street        Town        State        ZIP        Country
E-mail_____________________________________________________________________________________________

Indicate degree and conducting emphasis:

☐ Master of Music in Conducting
   ☐ Choral Emphasis
   ☐ Orchestral Emphasis
☐ Master of Music Education—Conducting Emphasis
   ☐ Choral Emphasis
   ☐ Instrumental Emphasis
☐ Graduate Professional Diploma in Orchestral Conducting

☐ Doctor of Musical Arts
   ☐ Choral Conducting
   ☐ Music Education – Conducting Emphasis
   ☐ Choral Emphasis
   ☐ Instrumental Emphasis

Date Video Recorded ___________________ Location _____________________________________________________
Please list video content _______________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

I hereby acknowledge that the content contained on this video is my own.

____________________________  __________________________
Signature                        Date
THE HARTT SCHOOL
Preliminary Audition Video Form
For Artist Diploma and Doctor of Musical Arts applicants in Performance only.
Tapes/DVDs that are not identified cannot be reviewed.
Please clearly label the tape/DVD with your name, date of birth, and degree.
Preliminary videos must be received with the application.

Student Name _____________________________________________________________________________________
Home Phone__________________________________________________ Business Phone _______________________
Address___________________________________________________________________________________________
Street Town State ZIP Country
E-mail ___________________________________________________________________________________________
Degree _______________________________ Intended Major_______________________________________________
Date Video Recorded ___________________ Location ____________________________________________________
Repertoire Performed (attach additional pages as necessary) _________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Names of Accompanying Musicians (if any)______________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
I hereby acknowledge that the content contained on this video is my own and has been performed and recorded
without editing.
________________________________________
Signature

__________________________
Date
THE HARTT SCHOOL
Music Education Video Form

Required for all Music Education Applicants.

Please clearly label the tape/DVD with your name, date of birth, and degree.

Tapes/DVDs that are not identified cannot be reviewed.

The teaching video should be 20-30 minutes in length showing the applicant engaged in interactive music instruction. Demonstrations of music, classroom and rehearsal teaching and learning are appropriate. Do not submit concert tapes or complete ensemble performances as evidence of teaching competence.

Student Name ____________________________________________________________

Home Phone________________________ Business Phone _______________________

Address __________________________________________________________________

Street __________ Town __________ State __________ ZIP __________ Country __________

E-mail_______________________________________________________________

Degree ___________________________ Intended Major ________________

Date Video Recorded _______________ Location _______________________

Please list video content (attach additional pages as necessary) ________________________________________________

________________________________________________________________________

________________________________________________________________________

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Other video notes ________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I hereby acknowledge that the content contained on this video is my own.

________________________________________________________________________

Signature _______________________________________________________________

Date ________________________________________________________________
THE HARTT SCHOOL
Audition By Video/Audio Form

To be completed by students submitting recorded auditions only.
Please clearly label the tape/CD/DVD with your name, date of birth, and degree.
Recordings that are not identified cannot be reviewed.
Please see reverse side for the policy on recorded auditions.

Student Name ______________________________________________________________________________________

Home Phone__________________________________________________ Business Phone ________________________

Address ______________________________________________________________________________________________
Street Town State ZIP Country

E-mail_____________________________________________________________________________________________

Degree _______________________________ Intended Major________________________________________________

Date Video Recorded ___________________ Location _____________________________________________________

Repertoire Performed (attach additional pages as necessary) ________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Names of Accompanying Musicians (if any)_______________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

__________________________________________________________________________________________________

I hereby acknowledge that the performance contained on this audition is my own and has been performed and recorded
without editing.

________________________________________
Signature

________________________
Date
POLICY ON THE SUBMISSION OF RECORDED AUDITIONS

A) Applicants for Master's level programs who are unable to attend on the posted audition dates and who live more than 300 miles from Hartford may complete their audition by submitting an audiocassette, videocassette (standard size VHS format), DVD, or CD recording. All vocal performance majors who are unable to audition in person are required to send a videocassette or DVD of their audition. All doctoral-level applicants must audition in person following approval of their preliminary recording.

B) All recorded auditions must include the same components as an on-campus audition.

C) All recordings should be clearly labeled both on the tape/CD/DVD and on the card inserted in the tape/CD/DVD cover with the name of the applicant, date of birth, degree, instrument/voice, major, phone number, recording date and location, and the names and instruments of any accompanying musicians. Tapes/CDs/DVDs that are not identified cannot be reviewed.

D) Applicants who complete their audition by tape/CD/DVDs are required to return the Audition By Video/Audio Form completed and signed with their audition recording stating that the recording of the audition performance is their own and has been performed without editing.

E) Recordings will be evaluated only after the University of Hartford and The Hartt School Graduate Applications and fees are received and processed.

F) Applicants who choose to send an audition recording should make every effort to have the best possible recording made of their audition performance. Recorded auditions that are of poor quality may result in faculty requesting a new recording or an on-campus audition. In some instances an application may be denied due to poor recording quality.

G) Applications and recordings must be postmarked by January 15.

H) RECORDINGS WILL NOT BE RETURNED

I) All applicants auditioning by recording will be considered for admission and scholarship by virtue of their tape, video, or CD. Any financial award made on the basis of a recorded audition, however, will remain subject to review at the end of the student's first year of study.

Tips for making a recorded audition:
1. No editing of any kind.
2. No artificial processing, including, but not limited to, reverb, equalization, dynamics (Compressor, Limiter, Expander), and pitch alteration.
3. A stereo recording is suggested. Microphones(s) should be approximately two feet from the instrument/voice.
4. Instrumental recordings: At the beginning of the recording please play an A-440 to establish pitch.
5. Audio recordings should be submitted on CD if possible.
THE HARTT SCHOOL
Recommendation for Graduate Study

Name of Applicant

Proposed Program/Major
Proposed Concentration

Statement requested of
Date

Waiver (optional): I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

Signature
Date

To the person completing this recommendation:
We would appreciate your candid opinion of this applicant's personality, motivation, and capacity to undertake graduate-level study. We are especially interested in your opinion of the applicant’s musical and academic qualifications, as well as his or her relative standing among other students you have taught in recent years. Please be advised that the student has access to this recommendation unless he or she has signed the waiver of confidentiality above.

Recommender's Name

Date
Signature

Institution
Title/Position

Address

((use reverse side, or attach additional pages if necessary)

Please return this form to the address above.)
THE HARTT SCHOOL
Recommendation for Graduate Study

Name of Applicant ____________________________________________

Proposed Program/Major ____________________________ Proposed Concentration ____________________________

Statement requested of ____________________________ Date _______________________________________

Waiver (optional): I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

Signature ____________________________________________ Date ________________________

To the person completing this recommendation:

We would appreciate your candid opinion of this applicant’s personality, motivation, and capacity to undertake graduate-level study. We are especially interested in your opinion of the applicant’s musical and academic qualifications, as well as his or her relative standing among other students you have taught in recent years. Please be advised that the student has access to this recommendation unless he or she has signed the waiver of confidentiality above.

(use reverse side, or attach additional pages if necessary)

Recommender’s Name ____________________________________________

Date __________________________ Signature ____________________________

Institution ____________________________________ Title/Position __________________________

Address ____________________________________________

(Street Address) (City) (State) (ZIP)

Please return this form to the address above.
THE HARTT SCHOOL
Recommendation for Graduate Study

Name of Applicant ____________________________________________________________

Proposed Program/Major __________________________________ Proposed Concentration __________________________

Statement requested of ________________________________ Date ______________________________

Waiver (optional): I hereby waive my rights under the Family Educational Rights and Privacy Act of 1974 to inspect this letter of recommendation.

Signature __________________________________________ Date ______________________________

To the person completing this recommendation:
We would appreciate your candid opinion of this applicant’s personality, motivation, and capacity to undertake graduate-level study. We are especially interested in your opinion of the applicant’s musical and academic qualifications, as well as his or her relative standing among other students you have taught in recent years. Please be advised that the student has access to this recommendation unless he or she has signed the waiver of confidentiality above.

(Use reverse side, or attach additional pages if necessary)

Recommender’s Name ____________________________________________________________

Date __________________________ Signature _________________________________

Institution __________________________ Title/Position ______________________________

Address __________________________ Street Address __________________________ City __________________________ State ______ ZIP ______

Please return this form to the address above.
THE HARTT SCHOOL
Checklist of Application Requirements

Section 3: Checklist

Items required from all Hartt graduate majors prior to audition/interview:
- Graduate application forms
- Official College Transcripts from every institution from which the applicant earned college credit
- Fees
- Letter of Intent
- Repertoire List/Performance Résumé
- Three Letters of Recommendation

Required from all applicants prior to a decision regarding admission and scholarship:
- Audition (except Music Education: Pedagogy, Kodály, Technology, and Early Childhood Emphasis; Music History Scholarship and Research Emphasis; Music Theory; and Composition applicants)
- Interview

International Applicants:
- TOEFL score-Official document must be from ETS; copies are not accepted
  - 525 minimum for Graduate Professional Diploma & Artist Diploma
  - 550 minimum for Masters
  - 580 minimum for Doctoral degrees
- Guarantor’s Statement, and supporting financial documents-found at: http://admission.hartford.edu/graduate/grad_forms.htm

Additional Requirements for specific majors and degrees:

Required for the following majors prior to audition/interview regardless of degree:
CHORAL/INSTRUMENTAL/ORCHESTRAL CONDUCTING:
- Preliminary conducting video

COMPOSITION:
- Three sample compositions

MUSIC HISTORY:
- Research Paper

MUSIC THEORY:
- 2 Research Papers, one of which must be an analysis paper

VOCAL PERFORMANCE:
- Full length photo

Required for the following degrees prior to audition/interview:

Master of Music Education, Master of Music Education with Certification, Master of Music Education Certification Program:
- 30-Minute Music Education Teaching Video

Doctor of Musical Arts:
- Preliminary Audition Video—performance majors only
- Music History or Music Theory Research Paper
- Required prior to decision regarding admission and scholarship:
  - Entrance Exam Testing

Doctor of Musical Arts in Music Education:
- Preliminary Audition Video—performance emphasis only
- 30-Minute Music Education Teaching Video
- Music History or Music Theory Research Paper
- Required prior to a decision regarding admission and scholarship:
  - Entrance Exam Testing

Artist Diploma:
- Preliminary Audition Video—performance majors only

Doctor of Philosophy in Music Education-Early Childhood, Pedagogy Emphasis:
- GRE/Miller analogies Test Results
- 30-Minute Music Education Teaching Video
- Music History or Music Theory Research Paper
- Required prior to decision regarding admission and scholarship:
  - Entrance Exam Testing
THANK YOU FOR CONSIDERING GRADUATE STUDY AT THE HARTT SCHOOL

For your convenience this application booklet can be printed out in part or in full from our Hartt Web site

WWW.HARTFORD.EDU/HARTT

For all audition/interveiw requirements, please refer to www.hartford.edu/hartt/adm-how-grad-audinfo.htm
Statement of Nondiscriminatory Policies

Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities, including employment therein and admission thereto. The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The dean of students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, MA 02109.