

GLOBE INSTITUTE OF RECORDING AND PRODUCTION

Application for Enrollment

Mail to: Globe Institute 739 Bryant St. San Francisco, CA 94107; or FAX to: (415) 543-7581

This application may also be filled out online at www.GlobeRecording.com/application.html

Application Checklist:

If only taking a class or two we only need your Completed Application

If taking all of the classes we also need your: Transcripts from last school, and

Statement of Purpose - 100-200 word essay about why you want to attend Globe.

Class(es) Applying for:

Full Audio Producer Associates Degree \$22,800

Certificate Program Only (not the Full Degree)

Audio Recording and Production Certificate Program \$5700

Music Business Certificate Program \$5700

Digital Composition Certificate Program \$5700

Audio for Media (Video, Film, Web) Certificate Program \$5700

Sound Healing and Therapy Certificate Program \$4300

Individual Classes

AT101 - Technology of Digital Audio Production \$1300

AT110 - Art of Digital Audio Production \$1300

AT101L - Audio Recording and Production Labs \$1200

MU101 - Music Theory for Engineers and Producers \$950

MU110 - Instrument Proficiency - Voice and Piano Engineers and Producers \$950

AT110A - ProTools (with 3 Labs) \$450

AT110B - MIDI, Reason, Spectrasonics: Stylus RMX, Atmosphere, Trilogy (with 3 Labs) \$485

AT110C - The Art of Producing (with 3 Labs) \$485

AT110D - Advanced Mixing (with 3 Labs) \$485

When would you like to start? _____

Would prefer Classes: Day Evening

Name: _____
first middle last

Address: _____

City: _____ State: _____ Zip: _____

Tel: Home(____) _____ Cell(____) _____ Work(____) _____

Email: _____ How often do you check it? _____

Date of Birth: _____ Current Occupation: _____

In Case of Emergency, Notify:

Address: _____ Telephone (____) _____

Parent or Spouse Name:

Address: _____ Telephone (____) _____

**YOU ONLY NEED TO FILL OUT THIS SIDE OF THE APPLICATION IF
APPLYING FOR CERTIFICATE OR DEGREE PROGRAMS**

Social Security # _____ Drivers License # _____

Schools Attended

School: _____ Address: _____

Dates of Attendance: _____ Course of Study: _____ Degree: _____

School: _____ Address: _____

Dates of Attendance: _____ Course of Study: _____ Degree: _____

References

	Name	Phone	Relationship
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

PERSONAL QUESTIONNAIRE

What would you like to get out of this Program?

Are you a musician or songwriter?

What instrument do you play and at what level of proficiency?

Have you had any formal musical training/education? If so, please describe.

Are you currently in a band? Name of band(s):

What performance or studio experience have you had?

What studio equipment do you own or have access to?

Languages fluent in:

Do you have any physical limitations or disabilities that we should be aware of?