

SENIOR SOLOIST AUDITION APPLICATION

Date of application: _____

Studio Teacher's Signature: _____
(for participation approval)

Faculty member:

- Please proof-read for complete and accurate information.
- Student must be in your current teaching studio, in the medium to be performed.

Dr. Park's Signature: _____
(for approval of repertoire)

Please indicate if the student is a music major with an asterisk(*)

Soloist _____ **Instrument/Voice type/Major**

Assisted by (* if music major)/Class Year _____ *assistant's teacher signature req'd*

Give complete information for repertoire and movements:

Instrumentalists give key, opus no., movement (number and tempo marking).

Vocalists please indicate if your piece is from an opera (*opera title*).

Please verify accuracy of all information; spelling, etc. Please PRINT LEGIBLY

Title and Movement (if applicable)	composer/birth-death dates	**Length of performance
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Incomplete or illegible applications will be returned to student.

** Preliminary audition will be limited to a 3 minute excerpt, but the overall length of piece is required for planning purposes.

**The deadline for submitting application to the Music Office is
2 weeks ahead of the recital date by noon.**