

TOUR SOLOIST AUDITION APPLICATION

Date of application: _____

Music Major: _____ YES _____ NO If Music Major, BA _____ or BM _____

Studio Teacher's Signature _____

(Faculty member: proof-read for complete and accurate information.

Student must be in your current teaching studio, in the medium to be performed.)

PLEASE INDICATE IF STUDENT IS A MUSIC MAJOR (*) AND THE CLASS YEAR OF ALL PARTICIPATING IN THE PROGRAM.

Soloist	Class Year	Instrument/Voice type/Major
_____	_____	_____
_____	_____	_____

Assisted by (*if music major)	Class Year	Instrument	teacher signature (REQ'D)
_____	_____	_____	_____
_____	_____	_____	_____

ALL WORKS TO BE PERFORMED FROM MEMORY Entire work will be performed at audition

*** Give complete information. Instrumentalists give key, opus no., movement.
Vocalists give translation of title if in a foreign language. *Please verify accuracy of all information; spelling, etc.* Please PRINT legibly

Title/Movement	Composer (birth-death years)	**Length of performance
_____	_____	_____
_____	_____	_____
_____	_____	_____

This application is due to CHM101 a full 2 weeks ahead of recital date.
Late applications will not be accepted.