Music Audition Form

Complete Parts I & II of this form and return to:

Department of Music
Valdosta State University
Valdosta, GA 31698
(229) 333-5804

I Date _____ Performance Medium (Instrument or vocal range) _____

Name _____ Phone _____

Address _____ _____ _____ _____
Street City State Zip

Email Address _____

Name of Parents or Guardians _____

High School _____ Ensemble Director _____

Current High School Average _____ Private Teacher _____

SAT Scores _____ Years of Private Music Study _____

Have you applied for admission to Valdosta State University? ☐ Yes ☐ No

If you are a college student indicate the number of semesters already completed _____

If you are a college student indicate the name of the college you are attending _____

I intend as my major (check one)

☐ Music Education ☐ Music Performance ☐ Bachelor of Arts

II I would like to visit VSU and audition on: (indicate date) _____

I will need an accompanist. ☐ Yes ☐ No

I am interested in applying for a scholarship. ☐ Yes ☐ No

********** For Music Department Use Only **********

III **Audition Information**

Works Performed: _____ _____

_____ _____

Applied Placement Recommendation: _____

Committee Members:

1) _____ 2) _____ 3) _____

Department Head _____ Date _____