

AUDITION REPORT - VOICE

(To be completed by student - fill out entire front page)

Name _____ NIU ID# _____
Address _____ Phone # _____
_____ E-mail address _____
High School _____ Music Teacher _____

College(s) attended _____

Current Private Teacher _____

Honors/Awards received (District, All-State Ensembles, scholarships, etc.)

What other instruments do you play? How long studied?

Foreign Languages studied? How long?

Theater/Musical Theater experience? List most important shows & roles.

Audition Date _____ **Audition Time** _____

Desired entrance into School of Music: Fall _____ (year) Spring _____ (year)

Performing Area (Voice Range) _____

Degree Program Desired: If more than one, please prioritize.

Undergraduate

- _____ Music Education
- _____ Performance
- _____ Bachelor of Arts
- _____ Jazz Studies

Graduate

- _____ M.M. in _____
- _____ Individualized Major
- _____ Performer's Certificate

Entering Status: _____ Freshman _____ *Transfer _____ Graduate

* Transfer students: Are you currently receiving financial aide from another institution? ___ Yes ___ No

Audition Repertoire:

- 1.
- 2.

To be completed by auditioning faculty

Name of student: _____

Evaluation:

	<u>Acceptable</u>	<u>Not Acceptable</u>
intonation	<input type="checkbox"/> below average <input type="checkbox"/> average <input type="checkbox"/> above average <input type="checkbox"/> superior	<input type="checkbox"/>
rhythm	<input type="checkbox"/> below average <input type="checkbox"/> average <input type="checkbox"/> above average <input type="checkbox"/> superior	<input type="checkbox"/>
tone quality	<input type="checkbox"/> below average <input type="checkbox"/> average <input type="checkbox"/> above average <input type="checkbox"/> superior	<input type="checkbox"/>
sight-reading	<input type="checkbox"/> below average <input type="checkbox"/> average <input type="checkbox"/> above average <input type="checkbox"/> superior	<input type="checkbox"/>
overall musicianship	<input type="checkbox"/> below average <input type="checkbox"/> average <input type="checkbox"/> above average <input type="checkbox"/> superior	<input type="checkbox"/>

Total Score (0-100): _____

Aural Skills Results: Pitch matching _____ Sight-reading _____ (Pass/Fail)

ACT _____ Class Rank _____

** _____ Accept _____ Deny _____ Defer - decision made by _____ (date)

**Scholarship Recommendation: _____ Yes _____ No

**Performance Level (transfer students)

_____ Freshman _____ Sophomore
_____ Junior _____ Senior

**Approved for Applied Study in the following programs:

_____ Music Ed _____ Performance
_____ B.A. _____ Jazz Studies
_____ Graduate Degree

Comments:

** PLEASE COMPLETE Faculty Signature: _____