



AUDITION FORM

AUDITIONING AS	<input type="checkbox"/> MUSIC MAJOR	<input type="checkbox"/> MUSIC MINOR
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ENTERING SEMESTER FA20__ SP20__

DATE _____ APPLICATION SUBMITTED TO UNIVERSITY _____ Y/N

NAME
LAST _____ FIRST _____ M.I. _____

ADDRESS
STREET _____ CITY _____ STATE _____ ZIP _____

PHONE _____ BIRTHDATE ____/____/____ MM DD YY EMAIL _____

LEAVE SCHOOL INFO BLANK IF CURRENT STUDENT OR TRANSFER

HIGH SCHOOL _____ GRADUATION _____ MONTH / YEAR

ADDRESS
STREET _____ CITY _____ STATE _____ ZIP _____

TEST SCORES SAT _____ ACT _____ GPA _____ HIGH SCHOOL / TRANSFER HIGH SCHOOL MUSIC TEACHER _____

DEGREE PROGRAM					
MUSIC MAJOR		ENTERING AS		MUSIC MINOR	
<input type="checkbox"/> Composition	<input type="checkbox"/> Jazz Studies	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Classical	<input type="checkbox"/> Jazz
<input type="checkbox"/> Technology Emphasis	<input type="checkbox"/> Music w/Electives in Business	<input type="checkbox"/> Minor	<input type="checkbox"/> Transfer	CURRENT HOWARD STUDENTS	
<input type="checkbox"/> Classical	<input type="checkbox"/> Jazz	<input type="checkbox"/> Former student returning	Major		Minor
<input type="checkbox"/> Music Education	<input type="checkbox"/> Music History	PERFORMANCE MEDIUM		<input type="checkbox"/> Jazz	<input type="checkbox"/> Classical
<input type="checkbox"/> Music Therapy	<input type="checkbox"/> Performance	INSTRUMENT			
		VOICE TYPE			
Current GPA					

DO NOT WRITE IN THIS SECTION			COMMENTS PROVIDED ON BACK	
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Provisional		
<input type="checkbox"/> Recommended for Scholarship Assistance				
Auditioned by	NAME	SIGNATURE	DATE	

COMMENTS FOR