

Audition Information Sheet
Department of Music, Valdosta State University

Contact Information

Name:	Email:	Phone:
Address:		
Audition Date:	Instrument/Voice Part:	

Education Background

High School:	Graduation Year:	GPA:
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Additional Information

Intended Major:	
Have you applied to VSU?	
Have you been accepted to Valdosta State University?	
For vocalist only, do you need an accompanist?	
Private Teacher:	Years of Private Study:
Ensembles you have participated in:	
Ensemble Director Name:	

To be completed by VSU Music Faculty

Works performed:

1. _____
2. _____
3. _____
4. _____

Accept as: ___ Letter 1 ___ Minor Letter
 ___ Letter 2 ___ Letter 3

Committee Members:

1. _____
2. _____
3. _____

Department Head: _____ Date: _____