Audition Form

Name___________________________________ Audition Instrument____________________________________

Major____________________________________ Check if auditioning as a music minor _____

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Tone
Rhythm
Technique
Musicianship
Overall Impression

Total   (Perfect score = 25)

Repertoire ______________________________________________________

________________________________________________________________

Comments _________________________________________________________

________________________________________________________________

Would you offer this student a scholarship?  Yes _____  No _____

If yes, what level?  Low _____  Medium _____  High _____

If you are the teacher for this student’s applied area, how does this student compare to incoming students you have known over the past five years?

          Top 5% _____  Top 10% _____  Top 25% _____  Top 50% _____  Lower 50%_____

Faculty Signature ______________________________________________ Date ____________