PERFORMANCE CONCENTRATION AUDITION FORM

STUDENTS: BRING FIVE (5) COPIES OF YOUR COMPLETED FORM TO YOUR AUDITION. PLEASE PRINT.

Name: ____________________________ Email: ____________________________

Year in School: ____________________________

Instructor's Name: ____________________________ How long studying w/ instructor? ________________

How long studying total (including pre-UVA)? ________________

Ensemble participation: Music Department: ________________ Other: ________________

Music prepared for this audition:
1. ________________
2. ________________
3. (if applicable) ________________

Comments on the performance:

Piece 1: ________________

Piece 2: ________________

Piece 3 (if applicable): ________________

Notes: ________________

Evaluator: ____________________________ Date: ____________________________