



CLAFLIN UNIVERSITY

Department of Music Audition Application

Application Date _____

Audition Date _____

**Please complete the form below using blue or black ink. Please write legibly (neat, clearly). Upon completing the application please forward all required documents to Ms. D. Chung at dchung@claflin.edu or by fax at (803)535-5735.*

Personal Information:

Name: Mr./Ms./Miss/Mrs. _____
(Circle One) (Last) (First)

Date of Birth _____ Social Security Number _____

Permanent Address _____
(Street and Number)

City _____ State _____ Zip Code _____ Country _____

Mailing Address _____
(Street Address)

City _____ State _____ Zip Code _____ Country _____

Cell Phone Number _____ Home Phone Number _____
(Area Code & Number) (Area Code & Number)

E-Mail Address _____

Education:

Current Educational Level (Select One Option): Incoming Freshman _____ Transfer Student _____

High School Name City & State _____

Graduation Year _____ ACT Score _____ SAT Score _____ GPA _____

Transfer Students Only*

College University _____ City & State _____

Semesters/Years: From _____ to _____ # of Credits Obtained _____ GPA _____

Previous Area of Study _____

Scholarship: Are you interested in applying for scholarship? _____Yes _____No

Intended Area of Study:

Anticipated Degree Level (Select all that apply)

- Music Education Major
- Music
- Music Minor
- Vocal Ensemble Only*
- Instrumental Ensemble Only*

Intended Instrument

- Vocalist
 - o Voice Type _____
- Woodwind
 - o Instrument _____
- Brass
 - o Instrument _____
- Percussion
 - o Instrument _____
- Piano

Musical Study and Performance Experience:

Primary Instrument _____ Years of Study _____

Instructor(s) _____, _____, _____

Secondary Instrument _____ Years of Study _____

Instructor(s) _____, _____, _____

Please Indicate Years of Performance Experience

Instrumentalist

Solo _____

Orchestral _____

Chamber Ensemble _____

High School Band _____

High School Jazz Band _____

Vocalist/Pianist

Solo _____

Choral _____

Small Ensemble _____

Vocal Jazz Ensemble _____

High School Choir _____

Formal Theory Training

Institution/Business _____ Dates of Study: From _____ to _____

Audition Repertoire

Composer and Title of Composition _____

Composer and Title of Composition _____



Audition Letter of Recommendation Form

I. To be completed by the applicant:

Full Name _____ Intended Degree of Study _____

Instrument of Voice Type _____

(Optional) *I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Educational Rights and Privacy Act (FERPA) of 1974.*

Signature _____ Date _____

II. To be completed by the person writing the reference and (please feel free to attach a letter of reference if needed):

Please indicate where the applicant would rank among students currently or recently in your area.

	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	No Info
Level of Performance Accomplishments						
Musical Interpretative Ability						
Intellectual Ability						
Personal Integrity/Cooperation/Reliability						
Relative Maturity (Musical or Otherwise)						
Potential for Success and/or Motivation in Applicants Chosen Field						

III. To be completed by the person writing the reference and (or attach a letter of reference):

In what capacity do you know the applicant _____

How long have you known the applicant _____

Print Name _____ Present Position _____

Signature & Date _____ Institution/School _____

Please Return Completed Form to *Claflin University, Department of Music, 400 Magnolia St. Orangeburg, SC 29115* or fax to 803-535-5735.