

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 <u>dchung@claflin.edu</u> or by fax at (803)535-5735.

Personal Information:

Name: Mr./Ms./Miss/M	lrs					
(Circle One)	(Last)	(First)	(Middle)			
Date of Birth	Social	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 Lev	vel (Select One Option): Inco	oming Freshman Tra	ansfer Student			
High School Name City	& State					
Graduation Year	ACT Score	SAT Score	GPA			
Transfer Students Onl	v*					
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)	Intended Instrument
□ Music Education Major	\Box Vocalist
\square Music	 Voice Type
□ Music Minor	\Box Woodwind
□ Vocal Ensemble Only	 Instrument
□ Instrumental Ensemble Only	\Box Brass
	 Instrument
	\Box Percussion
	 Instrument
Musical Study and Performance Experience:	□ Piano
Primary Instrument	Years of Study
Instructor(s),	
Secondary Instrument	
Instructor(s),	,
Please Indicate Years of Performance Experience	
Instrumentalist	
	Vocalist/Pianist
Solo	Solo
Orchestral	
	Choral
Chamber Ensemble	
	Small Ensemble
High School Band	
	Vocal Jazz Ensemble
High School Jazz Band	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.

	Тор	Тор	Тор	Тор	Lower	No
	5%	10%	25%	50%	50%	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 know 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.