

Tell School of Music Choral Organizations for Credit

Fall 2025 Audition Form

Please PRINT all information clearly, FRONT only.

Name: _____ Preferred Pronouns: _____

Class: FR SO JR SR Other: _____

Phone (local): _____ Phone (cell) _____ Email: _____

High School attended: _____

High School Choral Director: _____

Major: _____ Voice Professor/Instrument _____
(if applicable)

Previous Choral and/or Solo Experience (be brief):

You will be placed in an ensemble based on your audition; however, you may express your preference if you wish.

_____ University Choir (MWF 12:00-12:50)

_____ University Chorale (TTh 2:30-4:00)

_____ Cantilena Women's Choir (MW 5:30-7:00)

My signature below indicates that I have looked over the calendar for the year and will address all conflicts so that I can make each event (all performances and rehearsals, etc.).

Signature: _____

Please notify the Director as soon as possible if any change in the above statement needs to be made.

FACULTY USE ONLY

Date: ____/____/____

Auditioner: _____

Name of prepared piece: _____

Vocal Range:

Soprano

Alto

Tenor

Bass

Reading Knowledge: _____ Plays instrument: _____

Aural Response: _____ Sightsinging: _____

Musicianship: _____ Quality: _____

Type of credit desired: Graduation Credit _____ Non-Academic _____ No Credit _____

Vocal Comments: (preparation, timbre, quality, flexibility, intonation size of voice, etc.)

Rating: _____ Voice: _____

Part: _____

Recommended for: _____ Univ. Choir _____ Chorale _____ Cantilena

Date entered choral group: _____