



DEPARTMENT *of* MUSIC  
VALDOSTA STATE UNIVERSITY

**Audition Information Sheet**

**Contact Information**

Name:	Email:	Phone:
Address:		
Audition Date:	Instrument/Voice Part:	

**Education Background**

High School or College:	Graduation Year:
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**Additional Information**

Intended Major:	BA general	BA education	BA jazz	BM	MM
Have you applied to VSU?	Yes	No	Have you been accepted to Valdosta State University?	Yes	No
Private Teacher:	Years of Private Study:				
Ensembles you have participated in:					
Ensemble Director Name:					

**To be completed by VSU Music Faculty**

Works performed:


Accept as:

Letter 1

Minor Letter

Letter 2

Letter 3

Committee Members:


Department Head: \_\_\_\_\_

Date: \_\_\_\_\_