

AUDITION REPERTOIRE

TITLE

COMPOSER

PLEASE LIST ANY PRIVATE LESSONS YOU HAVE TAKEN

INSTRUMENT

TEACHER'S NAME

YEARS STUDIED

PARENT/GUARDIAN'S NAME _____

PARENT/GUARDIAN'S ADDRESS (IF DIFFERENT FROM MAILING ADDRESS)

STREET	CITY	STATE	ZIP
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HAVE YOU AUDITIONED FOR A SCHOLARSHIP AT ANOTHER INSTITUTION? YES / NO

HAVE YOU BEEN OFFERED A SCHOLARSHIP BY ANOTHER INSTITUTION? YES / NO

HAVE YOU ACCEPTED A SCHOLARSHIP AT ANOTHER INSTITUTION? YES / NO

IF YOU ARE OFFERED A SCHOLARSHIP AT TEXAS A&M UNIVERSITY-KINGSVILLE, WILL YOU ATTEND THE UNIVERSITY?

YES / NO

WILL YOU ATTEND TEXAS A&M UNIVERSITY-KINGSVILLE IF YOU ARE NOT OFFERED A SCHOLARSHIP?

YES / NO

THIS APPLICATION SHOULD BE RETURNED TO THE CHAIRMAN, MUSIC DEPARTMENT, TEXAS A&M UNIVERSITY-KINGSVILLE AT LEAST ONE WEEK PRIOR TO THE DESIRED AUDITION DATE. IF THE DISTANCE TO KINGSVILLE CREATES A PROBLEM, A TAPE RECORDING WILL BE ACCEPTED IN LIEU OF A PERSONAL AUDITION.

APPLICANT'S SIGNATURE _____ DATE _____

AN APPLICANT PRESENTLY ENROLLED IN A COLLEGE OR UNIVERSITY SHOULD ASK HIS CURRENT DEAN OR CHAIRMAN TO SEND A LETTER OF RELEASE TO THE CHAIRMAN OF THE MUSIC DEPARTMENT, TEXAS A&M UNIVERSITY-KINGSVILLE.

