

Prospective Student Information Form

Name:		Birth Date:	
Email:			
Phone:		Cell:	
Address:		City:	State:
		Zip:	
Check fellowships auditioning for: (Click all that apply) <input type="checkbox"/> Band <input type="checkbox"/> Vocal <input type="checkbox"/> Piano			
Audition Date:		Major Area:	<input type="checkbox"/> Instrumental <input type="checkbox"/> Vocal <input type="checkbox"/> Piano
Have you applied to Tech?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you sent your transcript?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Principal Instrument:		Voice Classification:	
High School:		GPA:	ACT:
Have you taken Music Theory?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you taken Piano Lessons?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Describe your musical activities from the last two years. Include All-Region, All-State, School Participation, Solo & Ensemble, Church, or Community Musical Activities.			

Completed by:		Date:	
Student Name:			
T Number:		Instrument/Voice:	
Intended Major:	BA	BME	ACT/SAT:
Material heard in audition:			
Tone Quality:			
Pitch Accuracy:			
Rhythm:			
Sight Reading:			
Musicianship:			
Estimation of Success as a music major:			
Recommendation:			
Notes:			
Approved for Music Major:	Yes	No	
Award Amount:	Semester:	Year:	
Faculty Signature:			