



Music Minor Audition Form for 2021-22

Please fill out the following form and return to: Dr. David Vroman
Department of Music
Bradley University
Peoria, IL 61625 or fax to 309-677-3871 (PLEASE DO NOT FAX MUSIC)

Name _____ Age _____ Today's Date _____

Street Address _____

City, State, Zip _____

Email address _____ Cell Phone () _____

Check one: [] Incoming Freshman [] Transfer Student [] Current Bradley student

Name of Your Current School _____

Street Address _____

City _____ State _____ Zip _____

Auditioning on: Instrument _____ (name of instrument) Voice _____ (voice part)

Number of years private study on your major instrument or voice _____

If piano is not your major instrument, have you studied piano? YES or NO If so, for how many years? _____

For the audition, please prepare 2 or 3 selections from the standard classical repertoire that best show your abilities. Pianists and singers should have at least one selection memorized. An accompanist can be provided for campus auditions. Please check YES or NO if you need us to provide an accompanist. If YES, please send piano music with this application.

[] YES, I will need an accompanist [] NO, I will not need an accompanist

What will be your academic major at Bradley? _____

Career goal _____

Audition Dates: (check preferred date - check preference of morning or afternoon if applicable)

- [] Monday, January 18, 2021 [] AM [] PM
[] Saturday, February 6, 2021 [] AM [] PM
[] Saturday, February 13, 2021 [] AM [] PM
[] Friday, February 19, 2021 [] AM [] PM
[] Saturday, March 6, 2021 [] AM [] PM
or, Requested by Appointment: Day _____ Date _____ AM _____ PM _____

List the pieces you plan to perform at your audition.

Composition Title _____ Composer _____

1. _____

2. _____

3. (optional) _____

THIS FORM MUST BE RETURNED TWO WEEKS PRIOR TO REQUESTED AUDITION DATE



Please ask your band, orchestra, or choral director to complete this form. You may wish to have your private teacher submit a recommendation on your behalf as well. This form need not be returned at the same time you submit your request for an audition date and time. Please ask the individual completing this recommendation to mail it directly to:

Department of Music
Attn.: Dr. David Vroman
Bradley University
Peoria, IL 61625
(or fax to 309-677-3871)

_____ student name

The student named above has indicated an interest in being a music minor at Bradley University. Your comments pertaining to their predicted success in music at the college level are greatly appreciated and will be held in the strictest confidence.

1. Based on your experience, would you recommend that this student pursue music as a minor? Yes No

2. Please rate this student on the following rubric:

	Outstanding upper 5%	Excellent next 5%	Good next 20%	Average middle 40%	Below Average lower 30%	Unable to Judge
Performing Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment, Sense of Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Music Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please comment on the student in space below or attach a letter of recommendation to this form. Thank you!

Signed _____
Printed Name _____
Position _____
Address _____
City, State, Zip _____
Email _____