



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:	BMA	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:				