



UAF Music Department  
Entrance Audition

Student Name \_\_\_\_\_

Age \_\_\_\_\_ High School \_\_\_\_\_ Previous College \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Status: Incoming Freshman Transfer Student at \_\_\_\_\_ level Graduate Student

Intended Major: **Music Ed.** **Performance** **BA** **MA** **Music Minor**

Instrument \_\_\_\_\_ Length of Study \_\_\_\_\_

Second Instrument \_\_\_\_\_ Length of Study \_\_\_\_\_

Names of Pieces:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendation:

Admit

Do Not Admit

\_\_\_\_\_  
Faculty signature date