UNO MUSIC STUDIES APPLICATION FORM

Last Name	First Name			
Street Address				
City	State	Z	ZIP/COUNTRY CODE	
UNO Student ID (if assigned)		Email		
Cell phone		Home phone		
Please specify: Semester for which you are applying:	FALL	SPRING	YEAR	
What is your primary instrument/voice	?			
How long have you been singing/playi	ng your prin	nary instrument	?	
Are you currently studying with a private teacher or taking lessons through school? YES If so, please provide:				NO
Teacher's Name				
Email	I	Phone		

Briefly summarize your musical training to date:

How did you find out about our program?

Please rate your abilities on a scale of 0 to 10 in the following areas. Assume that 0 means no ability whatsoever, and 10 means accomplished at a professional level:

Instrumental or vocal technique

Sight reading in treble clef

Sight reading in bass clef

Music theory background

Instrument ensemble background

Choral ensemble background

Please discuss your musical experiences and training, taking into consideration your self-assessment above. If you scored yourself below 5 in any area, please explain how you decided on that number.

Why are you interested in studying music at the University of New Orleans?

Please tell us anything else you might want us to know about you.

YOUR AUDITION RECORDING

Complete the following if you are submitting an online audition.

Piece # 1
Title:
Composer:
Indicate who you are if there is more than one performer:
Piece # 2
Title:
Composer:
Indicate who you are if there is more than one performer: