UNO JAZZ STUDIES AUDITION APPLICATION FORM

Last Name	First Name			
Street Address				
City	State	ZIP		
UNO Student ID (if assigned)		Email		
Please specify: Semester for which you are applying	ıg: FALL	SPRING	YEAR	
Program for which you are applying	g: GRADUA	TE UNDER	RGRADUATE	
What is your primary instrument?				
How long have you been playing yo	our primary in	strument?		
How long have you been playing ja	zz?			
Are you currently studying with a pull so, please provide:	rivate teacher	or taking lessons th	nrough school? \	YES NO
Teacher's Name				
Email	Phone			
Do you play music professionally?	OFTEN	OCCASIONALLY	RARELY	NEVER
Briefly summarize your musical trai	ning to date:			
Please list a few musicians who ha	ve influenced	you:		

Please list a few of your favorite recordings:
Please rate your abilities on a scale of 0 to 10 for the areas below. Assume that 0 means no ability whatsoever, and 10 means at an accomplished professional level.
Sight reading notes:
Sight reading chords:
Improvisation in the jazz idiom:
Ability to transcribe a solo or song:
Piano skills:
Familiarity with standard jazz repertoire:
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.
Optional Questions: How did you find out about our program?
What other schools are you planning to apply to/have applied to?