

MU School of Music Placement Hearing Form-ALTO

Name _____ Cell Phone _____

E-mail _____ Home City/State _____

Class (circle one): Fr So Jr Sr Grad Major _____

High School &/or College(s) Attended _____

Choral Teacher(s) _____ Voice Part: AI AII _____

Previous musical experience (circle) High School Choir All-District Choir ____ All-State Choir ____

Years of private vocal instruction _____ Teacher's name: _____

District Contest solo rating _____ State Contest solo rating _____

Previous MU choral experience (write in # of semesters): University Singers ____ Concert Chorale ____

Women's Chorale ____ Choral Union ____ Hitt St. Harmony ____

How did you hear about auditions?

Mark (X) your class schedule below. Include all school and work obligations.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:00					
9:00					
10:00					
11:00					
12:00					
1:00					
2:00					
3:00					
4:00					
5:00					

Do Not Write On This Page

Name _____ Voice Part _____

Voice Quality	1	2	3	4	5	6	7	8	9	10
Size	1	2	3	4	5	6	7	8	9	10
Control	1	2	3	4	5	6	7	8	9	10
Musicality	1	2	3	4	5	6	7	8	9	10
Sight-reading	1	2	3	4	5	6	7 (highest)			
Tonal memory	1	2	3	4	5	6	7 (total)			

Range: _____

Comments: