SCHOOL OF MUSIC
University of Wisconsin-Madison  CHORAL AUDITION FORM

Name ___________________________________________ Class/year _________

School Address ___________________________________________________________

City, State, Zip ___________________________________________________________

School phone ___________________________ Work phone _______________________

E-mail address ___________________________________________________________  

Home Address ___________________________________________________________

City, State, Zip ___________________________________________________________

Major ______________________________________ Voice Teacher ___________________

Previous choral experience /previous UW Choir participation ____________________
________________________________________

Instruments you play or have studied __________________________________________

Voice lessons or solo experience, if any _________________________________________

Languages you can speak _____________________________________________________

Name of high school you attended ____________________________ High school director

Number in order of preference (or check) all groups which fit into your schedule:

___ CHORALE
(MTW 12:00 - 1:10 &
F 12:00 - 1:00 pm)

___ CONCERT CHOIR
(M 3:30 - 5:00 &
TR 2:30 - 4:00 pm)

___ MADRIGAL SINGERS
(TR 6:30 - 8:30 pm)

___ WOMEN'S CHORUS
(MWF 12:05 - 12:50 pm)

___ MASTERS SINGERS
(MWF 11:00 - 11:50am)

___ UNIVERSITY CHORUS
(MWF 2:25 - 3:15 pm)

NO AUDITION REQUIRED!

___ CHORAL UNION
(M 7:30 - 9:30 pm)

___ Summer Choir
(4-weeks)

I would like to sing in more than one group: ______ Yes ______ No

I will make a two-semester commitment: ______ Yes ______ No

If this is your first audition, please check how you heard about the Choral Department.

___ brochure  ___ poster  ___ friend  ___ concert  ___ media

___high school instructor  ___ other ________________________________

(over)

Complete top of page 2 (over).
Choral Audition Form
Page 2

NAME _______________________________

I usually sing:  Sop 1 ______ Sop 2 ______ Ten. 1 ______ Ten. 2 ______
Alto 1 ______ Alto 2 ______ Bass 1 ______ Bass 2 ______

Do NOT write below this line
Range: ________________________________  Do NOT write below this line
Comments:

Voice Quality: 1
No problems, free tone, appropriate color, attractive sound, refined
2 Few vocal pros, slightly held or uneven tone, some imbalance of breath/muscle
3 More pros, breathy or tight tone, some control pros, no harm
4 Noticeable tech. pros, lack of control, unrefined
5 Obvious vocal pros, unpleasant tone

 Musicality 1 (very musical, good sense of line/phrase
2 not always musical phrasing/line uneven
3 can’t do hard ones
4 not musical no sense of line
5 can’t do this

Pitch Memory: 1
Mistakes None
2 1-2 (self-corrects)
3 3-4 (can’t always fix) can’t do hard ones
4 5+ mistakes
5 can’t do this

Pitch accuracy: 1
(Mem & in gen.) Great ears
2 the occasional sour note
3 some # or b
4 consistent problems
5 no pitch sense

Sight singing 1
Excellent, no pros 1st time can function w/o piano
2 Gets it the second time without help
3 Still some issues, can’t always fix w/o help
4 needs piano help to continue
5 No reading skills

MCT: ______________________________________________________________________

Voice part placement: ________  Could sing: ______________

Additional comments (blend, volume [pp-ff], etc.):

Auditioners_________________________  Date _______  Assigned to: ____________________