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
   (MWF 12:00 - 1:00 pm)

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

   (Grads 2 reh. of 3)

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

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

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

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

   NO AUDITION REQUIRED!

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

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
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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: ________________________________ Comments: ________________________________

Voice Quality: 1 No problems, free tone, appropriate color, attractive sound, refined
2 Few vocal probs, slightly held or uneven tone, some imbalance of breath/muscle
3 More probs, breathy or tight tone, some control probs, no harm
4 Noticeable tech. probs lack of control, unrefined
5 Obvious vocal probs, 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 can’t do this
5 no musical sense of line

Pitch Memory: 1 Mistakes None
2 1-2 (self-corrects)
3 3-4 (can’t always fix)
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 probs 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: ________________________