## Sophomore Assessment in Vocal Performance Student Application Form

Please submit this completed application to your applied voice teacher. A minimum of one faculty reference supporting this application is required. *In addition to this application you must complete an* **Undergraduate Repertoire Sheet** as well as a **Sophomore Assessment Jury Sheet**.

		,									
Name:							Student I		t:		
Local A							I		l		
Local Address:											
P	hone #:						Email Address:				
Transfer student?			If yes			previous school:					
Referring f	aculty n	nember:									
Current /		Advisor:									
Т	heory G	rades		History Grades			es		Aural Training Grades		
	Grade	Instruc	tor			Grade	Instru			Grade	Instructor
Quarter 1				Quart					Quarter 1		
Quarter 2				Quart	er 2				Quarter 2		
Quarter 3				Quarter 3					Quarter 3		
Quarter 4				Quarter 4					Quarter 4		
Quarter 5				Quart	er 5				Quarter 5		
Quarter 6		+		Quarter 6					Quarter 6		
Diction Grades						Applied Voice Grades					
		Grade	Instru		-				Grade	In	structor
Quarter 1							Quarter 1				
Quarter 2						Quarter 2					
Quarter 3						Quarter 3					
Quarter 4					Quarter 4 Quarter 5						
Quarter 5 Quarter 6							Quarter 6				
Quarter 0						Qua	itel 0				
Level completed of Group Piano:											
			egistered f								
	•			•							
oreign La	nguage	e Grade:	s. List lan	guages	, quart	ers, grad	des and	d instructo	ors:		
<u> </u>								I			
Signature:								Date:			

## To be completed by the Assessment Committee:

Assessment Committee	Recommend	Do not recommend		
Vocal Area Coordinator				
Principal applied voice teacher				

## Sophomore Assessment in Vocal Performance Voice Teacher Recommendation

## To be filled out by the student:

Name of student:	
Student ID #:	
Name of referring v	oice teacher
Γο be filled out b	y the referring voice teacher:
How long have you	known the applicant?
In what capacity?	
What is your assess	sment of this student? (Feel free to attach a separate letter.)