



CLAFLIN UNIVERSITY

Department of Music Audition Application

Application Date_____

Audition Date_____

**Please complete the form below using blue or black ink. Please write legibly (neat, clearly). Upon completing the application please forward all required documents to Dr. Eunjung Choi at echoi@claflin.edu or by fax at (803)535-5735.*

Personal Information:

Name: Mr./Ms./Miss/Mrs. _____
(Circle One) (Last) (First) (Middle)

Date of Birth _____ Social Security Number _____

Permanent Address _____
(Street and Number)

City _____ State _____ Zip Code _____ Country _____

Mailing Address _____
(Street Address)

City _____ State _____ Zip Code _____ Country _____

Cell Phone Number _____ Home Phone Number _____
(Area Code & Number) (Area Code & Number)

E-Mail Address _____

Education:

Current Educational Level (Select One Option): Incoming Freshman _____ Transfer Student _____

High School Name City & State _____

Graduation Year _____ ACT Score _____ SAT Score _____ GPA _____

Transfer Students Only*

College University _____ City & State _____

Semesters/Years: From _____ to _____ # of Credits Obtained _____ GPA _____

Previous Area of Study _____

Scholarship: Are you interested in applying for scholarship? _____Yes _____No

Intended Area of Study:

Anticipated Degree Level (Select all that apply)

- ☐ Music Education Major
- ☐ Music
- ☐ Music Minor
- ☐ *Vocal Ensemble Only*
- ☐ *Instrumental Ensemble Only*

Intended Instrument

- ☐ Vocalist
 - Voice Type_____
- ☐ Woodwind
 - Instrument_____
- ☐ Brass
 - Instrument_____
- ☐ Percussion
 - Instrument_____
- ☐ Piano

Musical Study and Performance Experience:

Primary Instrument_____ Years of Study _____

Instructor(s)_____, _____, _____

Secondary Instrument_____ Years of Study _____

Instructor(s)_____, _____, _____

Please Indicate Years of Performance Experience
Instrumentalist

Solo_____

Orchestral_____

Chamber Ensemble_____

High School Band_____

High School Jazz Band_____

Vocalist/Pianist

Solo_____

Choral_____

Small Ensemble_____

Vocal Jazz Ensemble_____

High School Choir_____

Formal Theory Training

Institution/Business_____ Dates of Study: From_____ to _____

Audition Repertoire

Composer and Title of Composition_____

Composer and Title of Composition_____



Audition Letter of Recommendation Form

I. To be completed by the applicant:

Full Name_____ Intended Degree of Study_____

Instrument of Voice Type_____

(Optional) *I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Educational Rights and Privacy Act (FERPA) of 1974.*

Signature_____ Date_____

II. To be completed by the person writing the reference and (please feel free to attach a letter of reference if needed):

Please indicate where the applicant would rank among students currently or recently in your area.

	Top 5%	Top 10%	Top 25%	Top 50%	Lower 50%	No Info
Level of Performance Accomplishments						
Musical Interpretative Ability						
Intellectual Ability						
Personal Integrity/Cooperation/Reliability						
Relative Maturity (Musical or Otherwise)						
Potential for Success and/or Motivation in Applicants Chosen Field						

III. To be completed by the person writing the reference and (or attach a letter of reference):

In what capacity do you know the applicant_____

How long have you know the applicant _____

Print Name_____ Present Position_____

Signature & Date _____ Institution/School_____

Please Return Completed Form to *Claflin University, Department of Music, 400 Magnolia St. Orangeburg, SC 29115* or fax to 803-535-5735.