



University of Sioux Falls

Music Department Questionnaire

Date _____

Name _____

Name of parent(s) or guardian _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Email address _____

Church name _____ Denomination _____

Name of High School you attend _____

High School class rank _____ out of _____ ACT/SAT scores _____ High School graduation year _____

Name of High School music director _____ Phone (____) _____

Previous college attended (transfers only) _____

Name of college music director _____ Phone (____) _____

Instrument(s) _____ Years of study _____

Type and amount of experience _____

Voice part: Bass Tenor Alto Soprano Years of study _____

Type and amount of experience _____

Anticipated major field of study at USF _____

Two compositions you wish to perform which demonstrate your full range of performing ability:

What is the best day and time of day to contact you? _____

This section will be completed if you audition for scholarships

Tone quality		Interpretation	
Intonation/vibrato	_____	Phrasing	_____
Rhythmic accuracy	_____	Style	_____
Technical facility	_____	Tempo	_____
Articulation appropriateness	_____	Appearance, poise, staging	_____
Sight reading _____			
Pitch accuracy	_____	Phrasing	_____
Rhythmic accuracy	_____	Tone quality	_____
Expressive accuracy	_____	Technique	_____
Pitch perception _____			
Overall evaluation and recommendations: _____			

Examiner _____			

Please return this completed form to the University of Sioux Falls Admissions Office, 1101 W 22nd St, Sioux Falls, SD 57105