

The Benjamin T. Rome School of Music
THE CATHOLIC UNIVERSITY OF AMERICA

Audition Date: ____ / ____ / ____
month day year

AUDITION INFORMATION FORM

NAME: _____

SOCIAL SECURITY NO: _____ - _____ - _____ PHONE: () _____

DATE OF BIRTH: ____ / ____ / ____
month day year

ADDRESS: _____

Academic Average _____ Class Rank _____ SAT/GRE Scores: ____ / ____ / ____

PLEASE COMPLETE OR CIRCLE THE APPROPRIATE INFORMATION BELOW:

ACADEMIC

Present/Last School Attended: _____

I am completing/have completed _____ year High School/College

Degrees conferred (if any) _____ Date _____

Present/Last Private Music Teacher: _____

Please check the degree and indicate the major for which you are applying:

____ Bachelor's _____ Major _____ Master's _____ Major
____ Doctoral _____ Major _____ Special Studies _____ Area

I have/have not sent a completed application to the Admissions Office of The Catholic University of America

The Catholic University is my: ____ 1st ____ 2nd ____ 3rd choice

I am also applying to: _____

My prospective career goals are: _____

PERFORMANCE

My principal instrument or voice classification is _____

Audition Selections: 1. _____
2. _____
3. _____

I also play other instruments/sing:

Instrument _____ Years studied _____

Voice Classification _____ Years studied _____

TO BE COMPLETED BY THE AUDITION COMMITTEE

Tape _____

Audition Results: ____ Highly Recommended ____ Recommended ____ Not Recommended

Committee Signatures

1. _____ 2. _____ 3. _____

COMMITTEE COMMENTS: (Reasons must be cited if Candidate is rejected)