The Manhattanville College Music Department

GRADUATE MAT IN MUSIC ENTRANCE AUDITION FORM

Please complete this form and return it to the Music Office at least two weeks before the audition date. You must check-in at 10:45 p.m. in the Music Office, Room 103, in the Music Building.

Name: _____________________________________________________________________________ (Last) (First)

Address: ___________________________________________________________________________
     (Street) (City) (State)                     (Zip)

Telephone No.: ____________________________  E-Mail Address: ___________________________________________________________________________

Major Instrument or Voice: ________________ Years Studied: _____  Audition Date: ________________

Program:
1. ________________________________________________________________________________
   (Composition) (Composer)

2. ________________________________________________________________________________
   (Composition) (Composer)

3. ________________________________________________________________________________
   (Composition) (Composer)

PLEASE NOTE: The selections should generally be of three (3) types—by different composers. Pianists, vocalists, and string players should perform at least one work from memory.

NOT TO BE FILLED IN BY CANDIDATE

Remarks:
1. Musical Comprehension: ____________________________________________________________

2. Level of Preparation: _____________________________________________________________

3. Sight-Singing Ability: ____________________________________________________________

4. Sight Reading Ability: __________________________________________________________

5. Melody Harmonization: __________________________________________________________

Committee Decision: □ Accepted    □ Rejected    □ Provisional

Comment: __________________________________________________________________________

Examiners’ Signature: ___________________________ ___________________________