AUTHORIZATION AND REQUEST FOR AN **ENTRANCE AUDITION**

Student's Name:_____

Email:_____ Current school & Degree: _____

Audition is for Degree type: (Please circle one)

B.M.E.	B.S.	B.M.	M.M.
P.D.	D.M.	M.M.E.	D.M.E

The date requested for the audition is_____
(Please consult calendar for available dates)

I need an accompanist: Yes No (circle one)

This audition is authorized by_____
(Current voice instructor's signature)

All applicants for entrance auditions before the Voice Faculty of the Indiana University School of Music must present a copy of this request, filled out by the applicant and authorized by their teacher, to the Voice Department Office by the Tuesday **eight days** previous to the audition date. The completed request should be placed in the designated envelope on the bulletin board outside of the Voice Department Office (between MU 105 and MU 104B).

It is the responsibility of the applicant to be present, with accompanist (unless one has been requested by the auditionee and confirmed by the voice department), at the time and place designated for the hearing. If the applicant is already a student at Indiana University, they must provide their own accompanist. Cancellations of audition appointments should be made by Monday noon immediately previous to the audition date indicated above.

Instructions regarding Recital Hearings in Voice are available in an envelope on the Voice Department Bulletin Board.

For Voice Office use only

The audition is scheduled for _____
(Date of recital)

Schedule and authorized for the Voice office by:_____
(Dept GA) (Date)