Please download this form and fill it out. This form must accompany your recording when sending the recording in for consideration.

Name:__________________________________________ Date:____________

___________________________________________________________________________

Telephone: (   ) ____________________________ Email Address: _____________________________

Have you applied for admission to the University? Yes______ No______
Have you requested an early decision? (Audition on or before Nov. 15) Yes______ No_____

All Degree Programs Require an Audition
More than one Degree Program may be selected. Please indicate your Degree preference by number.

BACHELOR OF MUSIC:
Music Education [ ]
Pre-Teaching [ ]
Performance [ ]
*Composition [ ]

BACHELOR OF ARTS:
Performance [ ]
Liberal Studies [ ]
*Composition [ ]

Entering: Fall 20______

*Composition students must send examples of their work before the audition.

General Musical and Academic Information

(A separate sheet may be attached with additional information if necessary)

Questions for Freshmen and Transfer applicants:
Attended SYMS? _____ yes _____ no

If yes, how many years? _____

Years of private study on guitar: ______

Name(s) of guitar teacher(s):__________________________________________________________

Solo literature, method books, or textbooks studied:
__________________________________________________________________________________

Music Honors or Awards earned:
__________________________________________________________________________________

Other musical activities (choirs, local music organizations, etc.):
__________________________________________________________________________________

Special performing groups (All-District, All-State, etc.):
__________________________________________________________________________________
Questions for Freshman applicants:
Name and Address of high school and year of graduation:__________________________________________

Name(s) of high school music director(s):________________________________________________________

Number of years in high school music organizations:___

**DO NOT submit this form as part of your University application!**

Please return it to:
UNH Department of Music
PCAC 30 Academic Way
Durham, NH 03824
ATTN: Alexis

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