

Westfield State College  
Department of Music

## AUDITION DATA FORM

1. Audition Date: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Last First Middle Initial
3. Primary Instrument/Voice: \_\_\_\_\_
4. Street Address: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. E-mail: \_\_\_\_\_
7. Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_
8. Parent/Guardian's Name(s): \_\_\_\_\_
9. High School Attended: \_\_\_\_\_  
Name of School City, State
10. Date of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_
11. Test Scores: ACT: \_\_\_\_\_ SAT: \_\_\_\_\_

### TRANSFER STUDENTS ONLY:

12. College(s) Attended: \_\_\_\_\_
13. GPA: \_\_\_\_\_

We offer the following degree programs at Westfield State College: Bachelor of Arts in Music Education; Bachelor of Arts in Music Composition; Bachelor of Arts in Jazz Studies; Bachelor of Arts in Music Performance (Classical); Bachelor of Arts in General Studies; Music Minor.

14. For which degree program would you like to be considered?

15. If not a piano major, describe your piano skills.

16. Please list the names and addresses of any private teachers with whom you've studied.

17. Please describe your musical activities/experiences/distinctions over the past four years.

18. Please list representative repertoire studied over the past four years.

19. Please list the repertoire that you wish to present at this audition.

Submit this application electronically by clicking the submit button:

Or, print out this application and send it to us:

**BY MAIL:**

Westfield State College  
Department of Music  
577 Western Avenue  
Westfield, MA 01086

**BY FAX:**

(413) 572-5287  
Attn: Karen Ducharme