

ST. CLOUD STATE UNIVERSITY VOICE PLACEMENT RECORD

(Please Print)

Name _____ Height _____

Local Address _____ Phone (____) _____

City _____ State _____ Zip _____ Email _____

Home Address _____ City _____ State _____ Zip _____

High School Attended _____ Director's Name _____

Major _____ Minor _____

Class: FR ___ SO ___ JR ___ SR ___ Grad ___ Preferred Voice Part (Circle one) S A T B

Have you had private voice training? Yes ___ No ___ # of Years _____ Teacher _____

If you are a returning member, what choir were you in last year? _____

Would you also like to be considered for Chamber Choir? _____ (Meets Tu & Th 3:30-4:20 pm)

I understand that for Concert Choir and Chamber Choir participation for the entire academic year is expected.

List instruments you play and the number of years you have studied:

Please list any individual awards, honors: (e.g., contest results, Honor Choirs, All Conference, All-State Choir, NATS, etc.)

Stop Here – Please present this form at your audition.

Range/Tessitura: _____

Voice Quality: _____

Intonation: 5 4 3 2 1

Tonal Memory: 5 4 3 2 1

Sight Singing: 5 4 3 2 1

Tone Clusters: 5 4 3 2 1

Flexibility/Dynamics: 5 4 3 2 1

Comments:

S1 S2 A1 A2

T1 T2 B1 B2

Ensemble Placement: _____ **Assigned Part:** _____