College of Music
MICHIGAN STATE UNIVERSITY

Audition Repertoire Form

Please complete the below form and upload to the ***College of Music Supplemental Application*** *prior to check-in on your audition day*. NOTE: Jazz applicants do not need to submit this form.

Full Preferred Name: _____

Audition Date: _____

Instrument of Voice Type: _____

Desired Major: _____

Preferred Applied Teacher (leave blank if no preference):_____

Prepared Audition Works Only use as many lines as needed.	
Composer	**Title of Work (indicate specific movements prepared)**