

COMMUNITY COLLEGE OF RHODE ISLAND
PERFORMING ARTS DEPARTMENT

APPLIED VOICE EXAMINATION FORM

Please print or write legibly with blue or black ink.

Student Name _____ Email: _____

Street Address _____ City/State _____ Zip _____

Phone _____ Student ID No. 9 _____

Audition _____ Non-Major _____ Final Exam _____ Instrument/Voice Category _____

Semester [1,2,3,4] _____ Teacher _____

Technical Studies:

Pieces prepared for Audition or Examination: (composer and title)

(1)

(2)

(3)

(4)

(5)

Sight Reading:

Examiner's Evaluation:

Diction/Articulation

Tone Quality

Intonation

Stage Presence

Rhythm

Ensemble Interaction

Technique

Preparation

Breath Control

Interpretation

Audition Recommendation (please circle): **Acceptance / Conditional Acceptance / Remediation / Change of Major**

Final Exam Recommendation: Final Grade _____

Examiner _____ **Date** _____