

NORTH PARK UNIVERSITY – SCHOOL OF MUSIC

NON MUSIC MAJOR/MINOR AUDITION REQUEST FORM

APPLICANT INFORMATION						
Last Name	First	M.I.	Date			
Street Address			Apartment/Unit #			
City		State		ZIP		
Cell Phone		E-mail Address				
Primary Instrument:		Secondary Instrument:		Year to NPU:	<input type="checkbox"/> Fall 2010 <input type="checkbox"/> Spring 2011	
I am a: <input type="checkbox"/> Transfer <input type="checkbox"/> First Year		Will you audition on your secondary instrument? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Intended Major:						
PREFERRED AUDITION DAY (STUDENTS MUST BE AVAILABLE THE ENTIRE DAY)						
Saturday, February 13, 2010	AM <input type="checkbox"/>	PM <input type="checkbox"/>				
Saturday, February 27, 2010	AM <input type="checkbox"/>	PM <input type="checkbox"/>				
Campus Tour (optional)	11 AM <input type="checkbox"/>	2 PM <input type="checkbox"/>				
Lunch @ 12pm (optional)	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Will you be bringing your own accompanist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, will you need an accompanist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
EDUCATION						
High School		Address				
College		Address				
Other		Address				
REFERENCES						
<i>Please list two professional references who can tell us about your musical talent and performance experience.</i>						
<u>Full Name</u>			Relationship			
Address			Phone			
<u>Full Name</u>			Relationship			
Address			Phone			
TRAINING AND EXPERIENCE						
Have you taken private lessons on your primary instrument?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, how long?	0-2yrs. <input type="checkbox"/>	3-5 yrs. <input type="checkbox"/>	
Have you taken private lessons on your secondary instrument?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, how long?	0-2yrs. <input type="checkbox"/>	3-5 yrs. <input type="checkbox"/>	
Have you performed as a soloist?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
ACADEMICS						
ACT/SAT Score	Class Rank _____ %		GPA			
DISCLAIMER AND SIGNATURE						
I certify that my answers are true and complete to the best of my knowledge.						
Type Name/Signature			Date			
Office Use Only						
<i>Essay, Resume, CD</i>	<i>Yes/No</i>			<i>Date Rcvd</i>		
<i>Audition Granted</i>	<i>Yes/No</i>			<i>Date/Time</i>		
<i>Accepted to SOM</i>	<i>Yes/No</i>		<i>Accepted to NPU</i>		<i>Yes/Pending</i>	
<i>Award Recommended</i>	<i>Yes/No</i>	<i>Honors/Presidential</i>	<i>Amount \$</i>	<i>Rank</i>	<i>1 – 2 – 3 – 4 – 5</i>	

Please print and mail to North Park University, Attn: Rebecca Olthafer, 3225 W. Foster Ave., #21, Chicago, IL 60625 or fax to 773-279-7310. If you have submitted a form and do not receive a confirmation, please email rolthafer@northpark.edu or call 773-244-5623.