UNO MUSIC COMPOSITION APPLICATION FORM

Last Name	First N	ame		
Street Address				
City	State		ZIP/COUNTRY CODE	
UNO Student ID (if assigned)		Email		
Cell phone	Home	phone		
Please specify: Semester for which you are applying: Program for which you are applying:	FALL GRADUATE	SPRING UNDE	YEAR ERGRADUATE	
What is your primary instrument?				
How long have you been singing/playing	ng your primary	instrument?		
How long have you been composing?				
Are you currently studying composition through school?	and/or perform	ance with a p	orivate teacher or taking le	essons
YES NO				
If so, please provide: Teacher's Name				
Email		PI	none	
Briefly summarize your musical training	g to date:			

How did you find out about our program?
Why are you interested in studying composition at the University of New Orleans?
Please tell us anything else you might want us to know about you.
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AUDITION RECORDINGS

A. Primary Instrument Proficiency

Proficiency Piece #1	
Title:	
Composer:	-
SOUND RECORDING LINK ADDRESS:	
Indicate who you are if there is more than one person performing:	
Proficiency Piece #2	
Title:	
Composer:	-
SOUND RECORDING LINK ADDRESS:	
Indicate who you are if there is more than one person performing:	
B. Composition Portfolio Pieces	
Composition Piece # 1	
Title:	
Date:	
SOUND RECORDING LINK ADDRESS:	
INSTRUMENTATION	

PERFORMERS

Composition Piece # 2
Title:
Date:
SOUND RECORDING LINK ADDRESS:
INSTRUMENTATION
PERFORMERS
Composition Piece # 3 (optional)
Title:
Date:
SOUND RECORDING LINK ADDRESS:
INSTRUMENTATION

PERFORMERS