

**University of St. Thomas – Department of Music**  
**Rolling Performance Level Audition**  
**Assessment Checklist**

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Name: \_\_\_\_\_ UST ID: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Instrument: \_\_\_\_\_ Studio Instructor: \_\_\_\_\_  
Intended Major: \_\_\_\_\_

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**Performance Audition** \_\_\_\_\_  
Date Completed Signature, Performance Area Head

**Interview** \_\_\_\_\_  
Date Completed Signature, Dr. Angela Broecker/Dr. Doug Orzolek

**Application Review** \_\_\_\_\_  
Date Completed Signature, Dr. Angela Broecker/Dr. Doug Orzolek

**Music Theory Assessment** \_\_\_\_\_  
Date Completed Signature, Dr. Shersten Johnson

**Vocal Skills Assessment** \_\_\_\_\_  
Date Completed Signature, Dr. Angela Broecker

**Piano Skills Assessment** \_\_\_\_\_  
Date Completed Signature, Dr. Sue Schons

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**For Office Use**

Date Reviewed: \_\_\_\_\_ Reviewed By: \_\_\_\_\_

Status: \_\_\_\_\_ Accepted \_\_\_\_\_ Provisionally Accepted \_\_\_\_\_ Not Accepted

Letter Sent: \_\_\_\_\_