

Faculty Comment Form

Name:	Date:	Teacher:
Hearing Type: (check one)	Regular Hearing	Qualifying Test

Audition Repertoire: (please put title and composer in each box)

Please rate this Singer from 1-5 (5 being the best) in the following areas:

Area	Rating	Comments
Vocalism		
Musicality		
Musical Accuracy		
Intonation		
Command of Languages		
Performing Skills		
Stage Presence/ Appearance		

Other Comments: