

DREXEL UNIVERSITY
Drexel University Symphony Orchestra
ACCEPTANCE and
PERFORMANCE SCHOLARSHIP AUDITION FORM

Date: _____

Student ID: _____

Name: _____, _____, _____
(Last) (First) (M.I.)

Date of Birth: _____ **Email:** _____
(Drexel email preferred)

Home Address (not university address): _____
(city, state, zip code)

Phone Numbers: _____, _____
(Home) (Cell/Mobile)

Curricular Major: _____

Current Year at Drexel: Incoming Freshman | SOPH | JR | SR | GR _____ **Co_Op Terms:** F | W | SP | SU _____

Instrument(s): _____

List any musical honors/awards you have received from previous years:

How did you hear about today's audition?

Check all that apply:

Postcard mailed to my house

Heard from a friend

Heard from guidance counselor or teacher

Other (please write below)

Email from Drexel University

Drexel Accepted Student Facebook

Drexel Performing Arts Website

Notes | For Director's Use Only: