

Note: This form is also used for Sophomore Barriers



COASTAL CAROLINA  
UNIVERSITY

Semester (check one)

Fall     Spring

Year \_\_\_\_\_

# DEPARTMENT OF MUSIC

## Jury Evaluation Form

Please print or type clearly

<b>Name</b>		
	<b>Voice Type/Level of Study Applied Instructor</b>	
<b>Repertoire to be performed on this jury</b>		
	<i>Title</i>	<i>Composer</i>
<b>Other repertoire studied this semester</b>		
<b>Faculty Use Only (See Voice Evaluation Rubric)</b>		
<b>CRITERIA</b>	<b>SCORE (4-0)</b>	<b>COMMENTS</b>
<i>Musical/Textual Accuracy</i>		
<i>Breath Management</i>		
<i>Resonance</i>		
<i>Interpretation/Communication</i>		
<i>Vibrato and Onset</i>		
<i>Juror Printed Name:</i>		<i>Juror Recommendation (check one):</i> <input type="checkbox"/> <b>Pass</b> <input type="checkbox"/> <b>Fail</b> <input type="checkbox"/> <b>Incomplete</b>
<i>Juror Signature:</i>		