VOICE QUESTIONNAIRE

| Your Name: | | |
|--|---------|---|
| | | - |
| Voice Type: | | |
| Years of Private Voice Instruction: | | |
| | | |
| Name(s) of Void Teacher(s): | ce | |
| | - | |
| Performance Ex (solo singing, ro musicals, plays experience): | oles in | |

| Instruments played and years of study: | |
|--|--|
| | |

| Classes in acting and/or dance: | |
|---------------------------------|--|
| | |
| | |

| Musicianship/Theory Classes (AP): | |
|-----------------------------------|--|
| | |
| | |

| Languages studied and/or spoken: | |
|----------------------------------|--|
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VOICE QUESTIONNAIRE

Comprehensive Repertoire List

Include:

- 1. Title & Composer of solo works
- 2. Genre (opera, art song, oratorio, musical theater)
- 3. Language

DEPARTMENT OF MUSIC Claire Trevor School of the Arts University of California, Irvine

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