RECORDED AUDITION CERTIFICATE

Applicant Name

I hereby certify that:

1) I was present during the recording of the applicant’s audition
2) the performer in the submitted recorded audition is the applicant
3) the audition was completed in one session
4) the recording is unedited

Name

Signature

Date

Please send the applicant’s recorded audition and this letter to:

Odilla Van Delinder
Don Wright Faculty of Music
Talbot College, Room 210
Western University
1151 Richmond St.
London, Ontario N6A 3K7

ovandeli@uwo.ca