

**DON WRIGHT FACULTY OF MUSIC
WESTERN UNIVERSITY**

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