



# VANCOUVER ACADEMY OF MUSIC

College Admissions  
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## ENTRANCE EVALUATION FORM

CONFIDENTIAL REPORT for YACP/COLLEGE APPLICATIONS

Please Print or Type

DATE

**To be completed by applicant:**

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NAME OF STUDENT

Program to which instruction is sought:    **YACP**                       **POST-GRAD ARTIST DIPLOMA**                       **MUSIC PERFORMANCE DIPLOMA/B.MUS..transfer**

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MAJOR INSTRUMENT OR VOICE

**To be completed by person submitting this report:**

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NAME OF REFEREE

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MAILING ADDRESS

CITY

PROVINCE/STATE

POSTAL/ZIP CODE

Please indicate the nature of your association with the applicant (specific classes, ensembles, etc.) and approximate date pertaining thereto.

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This form is intended to serve as a guide in obtaining information pertaining to the applicant named above. You may submit a letter in place of this form, if you prefer. We rely heavily on information contained in these reports and appreciate your contribution toward our obtaining a clear assessment of the applicant's overall ability and talent.

**Part I**    *Please evaluate the applicant in comparison with others with whom you have known in a similar situation by checking the appropriate box.*

	BELOW 50% OF PEERS	ABOVE 50% (TO 75%)	ABOVE 75% (TO 90%)	ABOVE 90% (TO 95%)	ABOVE 95% OF PEERS
TALENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WORK ATTITUDE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part II**    *Please evaluate the applicant in relation to the following qualities by checking the appropriate box.*

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	OUTSTANDING	UNKNOWN
ABILITY TO CONCENTRATE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO COMPREHEND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO MAKE DECISIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERPERSONAL RELATIONS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Part III** Please complete this section if you have been in a position to evaluate the applicant's performance in the major instrument or voice (indicated by the applicant on the front of this form). Briefly describe in relation to performance (as appropriate):

EXPRESSION

TONE QUALITY

INTONATION

TECHNICAL FACILITY

ACCURACY OF RHYTHM

FACILITY IN SIGHT-READING

MEMORY

HAS THE APPLICANT A GOOD SENSE OF PITCH?

**Part IV** We would be grateful for any additional information, positive or negative, concerning the applicant's musical and/or personal background which you feel will enable us more accurately to evaluate this applicant.

Please return this form promptly to:

College Admissions  
Vancouver Academy of Music  
1270 Chestnut Street  
Vancouver, BC V6J 4R9

Feel free to email reports to: college@vam.ca

SIGNATURE

POSITION

DATE SIGNED

**All reports and letters of reference are for the use of College Admissions personnel only and will be held in the strictest of confidence.**

**Thank you for your assistance.**