

**ASTA Certificate Advancement Program for Strings  
ASTA/NJ Performance Examinations Application Form/ Evaluation Form**

**Official use only:** Student # \_\_\_\_\_

**Please enter the requested examination date and site in the space below:**

**Circle fee:** Levels F-3 \$30    Level 4-6 \$35    Level 7-8 \$40    Level 9-10 \$45

**This is a two-page application/evaluation form. Fill in both pages clearly and completely.**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Instrument \_\_\_\_\_ Level \_\_\_\_\_

Student Address \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Accompanist \_\_\_\_\_ (write "no accompanist" if none)

Parents: Please append application fee in cash, or a check payable to the teacher

Teacher \_\_\_\_\_ Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Teacher's Address \_\_\_\_\_

Enter teacher preferred day and time to assist at exams \_\_\_\_\_

Teacher must be a member of ASTA. The signature below indicates that I understand the rules governing this event and agree to abide by them.

Teacher's signature: \_\_\_\_\_

**Please fill in repertoire on page 2 neatly and completely.**

**Teacher: please collect all fees, write a SINGLE check payable to ASTA/NJ and mail it with the application forms to:**

Leslie Webster, ASTA/NJ CAP Chair  
8 Valley Road  
Madison, NJ 07940

**ASTA/NJ CAP Performance Examination Application/Evaluation Form Page 2**

Name \_\_\_\_\_ Instrument \_\_\_\_\_ Level \_\_\_\_\_

List composer, collection, and title below for etude and piece(s):

Arps/Scales \_\_\_\_\_

Etude \_\_\_\_\_

1<sup>st</sup> Piece \_\_\_\_\_

2<sup>nd</sup> Piece \_\_\_\_\_

3<sup>rd</sup> Piece \_\_\_\_\_

Check if applicable: A Level \_\_\_\_\_ Comments Only \_\_\_\_\_ Honors \_\_\_\_\_

**BELOW FOR EXAMINER'S USE ONLY:** Student # \_\_\_\_\_ Teacher # \_\_\_\_\_

Grading Code: **V**= very good **S**= Satisfactory **N**=needs improvement. Use plus or minus signs.

Five Ns in either scales, etudes, or each solo piece indicates need to retake that part of the program at a future date.

Comments Only \_\_\_\_\_ Honors Awarded \_\_\_\_\_ Overall Impression (V, S, N) \_\_\_\_\_

		1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>rd</sup>	SIGHT	
	SCALES	ETUDE	PIECE	PIECE	PIECE	READING
<b>STONE</b>						
Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>INTONATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>POSTURE/STANCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>LEFT HAND TECHNIQUE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrato	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RIGHT HAND TECHNIQUE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bow hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contact point	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bow use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Articulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>RHYTHM</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steadiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Precision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MUSICALITY</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Phrasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Style	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tempo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dynamic contrast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>MEMORIZATION</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>STAGE PRESENCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Examiner's Signature \_\_\_\_\_

**Comments and Suggestions continued on other side.**