

## **Recommendation for Prospective Student**

The prospective student should provide the information below prior to giving this form to the recommending instructor. The form should then be forwarded directly to the email above. Please **do not** return this form to the University Admissions Office. **This form must be received prior to the student's audition.** 

Student Name:		·····			
Mailing Address:					
Phone:	Email:				
Principal Instrument/Voice Part:	Audition Date:				
Recommendation – to the recommendation – to the recommendation Please complete and mail directly to the student's audition. Your prompt reply Name of Person Making Recommendation	he Director of M will be helpful i ation:	n our selection pr	ocess. Thank you	for your help in a	dvance.
Address: Phone:					
In what capacity have you known the					nown the student?
How well do you know the student? V	ery well C	Casually No	t well		
Please rate the student on the followin	g qualities (circle	e one):			
Performing Ability	1	2	3	4	5
Motivation	1	2	3	4	5
Basic Musicality	1	2	3	4	5
Ability to Learn Music Readily	1	2	3	4	5
Sight Reading	1	2	3	4	5
Pitch Sense	1	2	3	4	5
Technical Facility	1	2	3	4	5
Overall Evaluation	1 Low	2	3	4	5 High

Please use reverse for any additional comments.

\_Date:\_

\_Acess:\_\_\_\_