

Director of Music Admissions University of Florida School of Music MUB 130 P.O. Box 117900 Gainesville, FL 32611-7900

_Acess:__

Phone: 352.392.0223 Fax: 352.392.0461 Email:music@arts.ufl.edu

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 place of	ctor of Music Adr					
Name of Person Making Recommendation:						
Address:						
Phone:						
In what capacity have you known the student?				_ How many years have you known the student?		
How well do you know the student? V	ery well Ca	asually No	t well			
Please rate the student on the following	g qualities (circle	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 of	comments.					
Date	Signature o	of Music Teacher	r		For Office Use Only:	