



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

Phone: 352.392.0223  
 Fax: 352.392.0461

**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 above address. 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 recommending teacher:**

Please complete and mail directly to the Director of Music Admissions at the address above. This form must be returned prior to the student's audition. Your prompt reply will be helpful in our selection process. Thank you for your help in advance.

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? Very well \_\_\_\_\_ Casually \_\_\_\_\_ Not well \_\_\_\_\_

Please rate the student on the following 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	2	3	4	5
	Low				High

Please use reverse for any additional comments.

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Date \_\_\_\_\_ Signature of Music Teacher \_\_\_\_\_

For Office Use Only:

UFID: \_\_\_\_\_ Access: \_\_\_\_\_ Date: \_\_\_\_\_