

GRADUATE LETTER OF RECOMMENDATION FORM

(Candidates are required to submit three letters of recommendation by their audition/interview date)

(Optional) I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Educational Rights and Privacy Act.

Signature _____ Date _____

Part A: To be completed by the applicant

Complete Part A and give this form to your applied music instructor, ensemble director, professor or another individual well acquainted with your academic, teaching and musical abilities, background and potential.

1. Name of applicant:

Last _____ First _____ Middle Initial _____

2. Proposed Program of Study:

- Music Performance
Major Instrument/Voice Type _____
- Music Education
- Music Composition
- Music History
- Ethnomusicology
- Music Theory
- Music Certificate Program

Part B: To be completed by the person writing the reference

In relation to individuals you have worked with in the past, how would you rank this applicant?

| | Outstanding | Above Average | Average | Below Average | Poor |
|---|-------------|---------------|---------|---------------|------|
| 1. Technical level | | | | | |
| 2. Interpretive level | | | | | |
| 3. Academic ability | | | | | |
| 4. Critical thinking | | | | | |
| 5. Personal integrity/cooperation/reliability | | | | | |
| 6. Relative maturity for his/her age | | | | | |
| 7. Teaching skills | | | | | |
| 8. Motivation/initiative/leadership | | | | | |
| 9. Potential for success in chosen field | | | | | |
| 10. Potential for success in graduate study | | | | | |

1. How long and in what capacity have you known the applicant? _____

2. Do you feel the applicant is competent to teach courses within his/her area of specialization? _____

3. In the space below, please feel welcome to include any additional information that will assist in obtaining an accurate understanding of this applicant.

Signature _____ Date _____

Name (please print) _____

Name and address of present position _____

Email _____ Phone (including area code) _____

Please send this completed form to:
Coordinator of Graduate Studies
Bowling Green State University
College of Musical Arts
Bowling Green, OH 43403-0290