

Recommendation Form

Schwob School of Music
Columbus State University
4225 University Avenue
Columbus, GA 31907-5645
706/649-7225
FAX 706/649-7369

APPLICANT: Fill out the lines below and give this form to a person well acquainted with your musical abilities.

Name _____
 First Middle Last (Family Name)

Degree Sought _____ Major (Instrument) _____

I waive my right to see this recommendation.

I do not waive my right to see this recommendation.

Applicant's signature: _____

RECOMMENDER: Thank you for taking the time to complete this form. Your responses to the following questions will supplement information gained during the audition process so that we may have a more complete idea of the applicant's abilities and stage of development. If you have no basis for answering one of the questions, mark it "no basis for answer." Please be aware that the applicant may or may not have waived his or her right to see what you have written.

1. What is your relationship to the applicant? _____
2. How long have you known him or her? _____
3. What are the applicant's greatest musical strengths?
4. In what musical aspects is the applicant working for improvement?
5. For what musical career do you think the applicant is best suited?
6. In a short paragraph, give your evaluation of the applicant's accomplishments and potential in his or her chosen field.
7. What words come to mind when you think of the applicant's personality or character?
8. How does the applicant relate to others?
9. Feel free to use the back of this form to write anything else you think would give us a better understanding of the applicant. Please mail or fax this form directly to the Schwob School of Music and not to the applicant. Recommendations need to be in the Schwob School of Music two weeks prior to your requested audition date.

Name (Please print) _____ Date _____

Signature _____ Position _____

Institution _____ Telephone _____