

### Music Recommendation Form

As a student applying for acceptance as a music major or minor, you must request at least one recommendation from a music teacher. Two recommendations are preferred, with the second being from a second music teacher or from anyone familiar with your music background.

Applicant: Please complete the information in this box and give the form, along with a stamped, addressed envelope, to the person making the recommendation. Address the envelope to Director of Recruitment, Department of Music, Indiana State University, Terre Haute, IN 47809.

Name \_\_\_\_\_  
Last/Family First Middle

Permanent address \_\_\_\_\_  
Street

City State Zip Country

Principal Instrument or Voice: \_\_\_\_\_

Recommender: The student named above has applied for acceptance to the Department of Music at Indiana State University as a music major or minor. Your assessment of the student's music potential will provide important input to the faculty as it considers admission and awards scholarships.

How long have you known the applicant?  1 year or less  2 years  3 years  4 years  5 years  6 years  Longer than 6 years

In what capacity have you known the applicant?  Ensemble director (specify) \_\_\_\_\_

Private teacher (specify instrument or voice) \_\_\_\_\_  Other (specify) \_\_\_\_\_

#### Please assess the applicant in terms of present skill in the following categories:

No basis for judgment		Below Average	Average	Good	Excellent	Outstanding
<input type="checkbox"/>	Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Technical facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Rhythmic security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Pitch/intonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Sight-reading ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Memorization skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Diction/languages (vocalists)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Music theory basics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Personal responsibility/maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Discipline/preparation for rehearsals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please assess the applicant's interest in a career in music (check one):  Very interested  Not interested  No basis for judgment

Interested but with reservations (specify) \_\_\_\_\_

What are the applicant's greatest strengths? \_\_\_\_\_

What areas need improvement? \_\_\_\_\_

Recommender's name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

The ISU music faculty would appreciate any additional comments or information you wish to submit on the back of this form.

Please check here if you have done so.

Thank you for your time and input.

