GRADUATE MUSIC TEACHER RECOMMENDATION FORM

SCHOOL OF THE ARTS
SAMFORD UNIVERSITY

RETURN ALL MATERIALS TO:

Director of Graduate Studies in Music
School of the Arts
Samford University
800 Lakeshore Drive
Birmingham, Alabama 35229 USA
graduatemusic@samford.edu
www.samford.edu/arts
(205) 726-2651
fax: (205) 726-2165

E-MAIL INSTRUCTIONS: If this form will be returned as a PDF, the file name should be saved as follows: "[Recommender's Last Name] for [Applicant's first initial, middle initial, and last name]" An example would be named, "Nordlund for RELim".

To be completed by the applicant:

Full name _____ Preferred name _____

Degree sought at Samford University _____ Principal performance area _____

Please initial one of the following statements:
☐ I waive my right of access to this information.
☐ I *do not* waive by right of access to this information.

Signature of applicant _____ Date _____

To be completed by the teacher:

We are particularly interested in the applicant's musicianship, potential for advanced study, and capacity to pursue a successful career in this field. Your recommendation is very important in evaluating the applicant's qualifications as both a graduate student and as a potential graduate assistant. Please return your recommendation as soon as possible to the address at the top of the page. **Please use the reverse side to write your assessment of this individual or attach a letter**.

Printed name _____ Title _____

Institution _____ E-mail address _____

How long have you known this applicant? _____ In what capacity do you know this applicant? _____

From approximately _____ students I have known in this field in recent years, I would rank this applicant in the top _____%.

Concerning this applicant for graduate admission, I make the following recommendation:
☐ Strongly recommend
☐ Recommend
☐ Recommend with reservations
☐ Do not recommend

Concerning this applicant as a potential graduate assistant, I make the following recommendation:
☐ Strongly recommend
☐ Recommend
☐ Recommend with reservations
☐ Do not recommend

Signature of teacher _____ Date _____

Please evaluate the applicant in terms of the following characteristics. Check the single most appropriate box. Use as your standard of comparison, other students in this field at your institution.

	Top 1%-2%	Top 5%	Top 10%	Top 25%	Top 50%	Top 75%	No basis for judgment	Comments
Musical talent	○	○	○	○	○	○	○	
Musical achievement	○	○	○	○	○	○	○	
Potential for a musical career	○	○	○	○	○	○	○	
Professional demeanor	○	○	○	○	○	○	○	
Intellectual ability	○	○	○	○	○	○	○	
Independence of thought	○	○	○	○	○	○	○	
Effectiveness of oral communication	○	○	○	○	○	○	○	
Writing skills	○	○	○	○	○	○	○	
Academic self-discipline	○	○	○	○	○	○	○	
Leadership	○	○	○	○	○	○	○	
Judgment and maturity	○	○	○	○	○	○	○	
Respect accorded by faculty	○	○	○	○	○	○	○	
Respect accorded by peers	○	○	○	○	○	○	○	