

SCHOOL OF MUSIC

CONFIDENTIAL UNDERGRADUATE RECOMMENDATION LETTER FORM

Part I: Completed by the Applicant

Applicant Name _____
(Last/Family/Surname) (First/Given) (Middle)

ASU ID#

Applying for: Spring _____ Fall _____

Mailing Address: _____

City _____ State _____ Zip _____

Email _____ Phone _____

Instrument/Voice Type _____ Degree Program _____

By singing below, the applicant agrees to waive all rights to read this recommendation.

Signature of Applicant _____

Date _____

Application deadline: _____

Part II: Completed by a Recommending Music Professional Familiar with the Applicant's Musical Abilities

May be scanned/emailed or faxed directly by the recommender. Please place in a signed and sealed envelope if returning by post. A separate letter may be submitted, but *must* be accompanied by this form.

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

2. Please rank the applicant in each area.

	Superior	Excellent	Good	Fair	Poor	N/A
Level of performance accomplishment						
Interpretive ability						
Accuracy and facility in performance						
Ability to communicate in speech and writing						
Personal integrity, cooperation, and reliability						
Work ethic						
Motivation						
Professional demeanor						
Potential for a music career						

3. Please comment on the applicant's potential for success in her/his chosen field.

SCHOOL OF MUSIC

4. Please add any other information to help us assess the potential of the applicant as a music student. You may attach a separate letter.

RECOMMENDING MUSIC PROFESSIONAL *(Please print clearly)*

Name _____ Title _____
Address _____ City, State, Zip _____
Telephone (_____) _____ Email _____

Signature of Recommending Music Professional Date

PLEASE RETURN BY FAX, EMAIL (SCANNED ATTACHMENT) OR POST (SIGNED/SEALED ENVELOPE) TO:
SCHOOL OF MUSIC UNDERGRADUATE ADMISSIONS
P.O. Box 870405 | Tempe, AZ 85287-0405
Fax 480.727.6544 | MusicAdmissions@asu.edu
music.asu.edu | 480.965.5069