

College-Conservatory of Music

CONFIDENTIAL RECOMMENDATION FORM (Duplicate as needed)



Confidential recommendation for _____
who has applied for admission at the above institution.

APPLICANT'S NAME - FIRST, MIDDLE INITIAL, LAST

DATE OF BIRTH

I waive my right to have access to this recommendation.
(The student may not see the recommendation.)

I do NOT waive my right to have access to this recommendation.
(The student may see this recommendation.)

APPLICANT'S EMAIL ADDRESS

APPLICANT'S SIGNATURE

DATE

Degree to which you are applying (circle one): BFA BM BA MM MFA MA DMA PhD AD Major Area _____

TO THE RECOMMENDER: Please complete this form, **seal and sign the envelope flap**, then mail to the student. If you prefer, you may mail it directly to the Assistant Dean for Admissions and Student Services, College-Conservatory of Music, University of Cincinnati, P.O. Box 210003, Cincinnati, OH 45221-0003. The applicant's request for admission cannot receive final action until this recommendation has been returned. The university values your candid evaluation of this applicant and assures you that your comments will be treated in a strictly confidential manner unless the student does not waive the right to access.

PART I—In a few words, give your impression of the applicant's various attributes in each of the following categories:

1. Level of performing accomplishment _____

2. Interpretive ability _____

3. Intellectual ability _____

4. Ability to communicate effectively in speech and writing _____

5. Personal integrity/cooperation/reliability _____

6. Relative maturity for his/her age _____

7. Motivation _____

8. What words best describe his/her personality? _____

9. How is he/she regarded by his/her contemporaries and colleagues? _____

10. Potential for success in his/her chosen field? _____
