

COLLEGE OF MUSIC UNDERGRADUATE RECOMMENDATION FORM

The application should complete Section I of this form and give it to the person who will write the letter of recommendation. The recommender should return this form to:

University of Colorado Boulder
College of Music, Undergraduate Office
301 UCB
Boulder, CO 80309-0301

Fax: (303) 492-4724
Email: ugradmus@colorado.edu

SECTION I (please print) TO BE COMPLETED BY THE APPLICANT

Applicant Name _____

Instrument/Voice _____ Date _____

In accordance with the Family Educational Rights and Privacy Act, this report is to be regarded as: (check one)

- Confidential (applicant waives the right of review)
 Non-Confidential (applicant retains the right of review)

SECTION II (please print) TO BE COMPLETED BY THE RECOMMENDER

Please describe how long you have known the applicant and in what capacity:

How would you rate this person compared to similar students you have known?

Poor	Fair	Good	Excellent	Outstanding
Below 50%	50-75%	75-90%	90-95%	95-100%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check the following categories as your familiarity with the student allows:

	Unable to Judge	Below Average	Average	Good	Excellent	Outstanding
Musical Performance						
Imagination/Creativity						
Intellectual Ability						
Aural Skills						
Music Theory Background						
Sight Reading						
Fluency in treble clef (for non-piano majors)						
Fluency in bass clef (for non-piano majors)						
Oral Expression						
Written Expression						
Working with others						

Please feel free to give us addition comments on the back of this page or on your own stationery.

Name of person providing this recommendation _____

Title or position of recommender _____

Phone number _____ Email _____

Signature _____ Date _____