

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

Please indicate your assessment of the applicant's abilities in these areas:

	Excellent	Good	Fair	Poor	Unknown
Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistry/expressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn combinations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate the applicant in the following areas compared to his/her peers?

	Exceptional	Above Average	Average	Below Average	Unknown
Study and practice habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Innate Talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In comparison with others whom you have known in a similar situation, the overall performance assessment of the applicant ranks:

_____ Top 1% _____ Top 10% _____ Top 20% _____ Top 50% _____ Bottom 50% _____ No basis for judgment

I recommend this applicant for admission into the EMU Department of Music and Dance:

_____ Enthusiastically _____ Strongly _____ Fairly Strongly _____ Without Enthusiasm _____ With Reservations

We would be grateful for any comments or additional information that you feel may enable us to more accurately evaluate this applicant. You may attach a separate sheet if desired.

Recommender's Signature _____ Date _____

We sincerely thank you for taking the time to complete this recommendation form. Please return this form so that it is received in a timely fashion BEFORE the scheduled audition date indicated.

RETURN TO: Eastern Michigan University • Department of Music & Dance • Ypsilanti, MI • 48197
Attn: Admissions
Or Fax to: 734.487.6939