

# SCHOOL OF MUSIC AUDITION RECOMMENDATION

## RECOMMENDATION FORM

APPLICANT: COMPLETE THE FOLLOWING INFORMATION. DO NOT WRITE BELOW THE LINE

APPLICANT'S NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

INSTRUMENT/VOICE \_\_\_\_\_

TEACHER/ADVISOR/COUNSELOR:

THE APPLICANT NAMED ABOVE HAS APPLIED FOR A MUSIC SCHOLARSHIP AT TEXAS A&M UNIVERSITY-KINGSVILLE. TO HELP US EVALUATE HIS/HER QUALIFICATIONS, PLEASE RATE THE STUDENT (ON A SCALE OF 1 - POOR TO 5 - OUTSTANDING) AND RETURN THIS FORM DIRECTLY TO THE SCHOOL OF MUSIC AT THE ADDRESS BELOW.

BASIC MUSIC TALENT	1	2	3	4	5
EXPRESSIVENESS	1	2	3	4	5
TECHNICAL ABILITY	1	2	3	4	5
RHYTHMIC ABILITY	1	2	3	4	5
SIGHT-READING ABILITY	1	2	3	4	5
SENSE OF PITCH	1	2	3	4	5
ABILITY TO LEARN	1	2	3	4	5
PERFORMANCE POTENTIAL	1	2	3	4	5
POTENTIAL AS A TEACHER	1	2	3	4	5
LEADERSHIP SKILLS	1	2	3	4	5

HOW MANY YEARS HAVE YOU KNOWN THE APPLICANT? \_\_\_\_\_

DO YOU HAVE ANY ADDITIONAL COMMENTS IN SUPPORT OF THIS APPLICANT? PLEASE ADDRESS THEM BELOW OR UNDER SEPARATE COVER.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME/TITLE \_\_\_\_\_ SCHOOL/BUSINESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

