**Graduate Programs in Music Education**  
**Master of Arts Recommendation for Scholarship**

Applicant Name: ___________________________  
Concentration Area: _________________________

**Part I:** To be completed by the applicant. Furnish the information requested and ask the recommender to submit the form promptly. The recommender should mail this form and recommendation letter directly to:

University of St. Thomas, Graduate Programs in Music Education—LOR 103, 2115 Summit Ave., St. Paul, MN 55105.

Under the provision of the Family Rights and privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless they have waived such access.

- [ ] I hereby waive my right to the information recorded below.
- [ ] I do not waive my right to access the information recorded below.

Signature of applicant ___________________________  
Date ______________

**Part II:** To be completed by the recommender.

1. Indicate the population with which applicant is being compared in this rating (indicate all that apply).

<table>
<thead>
<tr>
<th>No basis for judgment</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of major field</td>
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<tr>
<td>Basic musicianship</td>
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<tr>
<td>Performing ability</td>
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<tr>
<td>Ability to exchange and share ideas</td>
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<td>Perseverance toward goals</td>
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<td>Ability to express self orally</td>
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<tr>
<td>Ability to express self in writing</td>
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</table>

2. Indicate the strength of your overall recommendation by placing an “X” along the scale.

- [ ] Not Recommended
- [ ] Recommend with Reservations
- [ ] Recommend
- [ ] Highly Recommend

3. Your written comments about the applicant are appreciated. **Attach a separate letter** (business letterhead preferred) addressing knowledge of the applicants teaching or musical work and their interest in pursuing a Master of Arts degree. Be specific in your evaluation and indicate how you know the applicant.

Signature ___________________________  
Date ______________

Name (Print) ___________________________  
Position Title ___________________________

Institution ___________________________  
City and State ___________________________

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University of St. Thomas, Graduate Programs in Music Education  
Phone: (651)-962-5870; (800) 328-6819, ext. 2-5870; Fax: (651) 962-5886  
gradmusic@stthomas.edu; www.stthomas.edu/music/graduate