

University of St. Thomas

Graduate Programs in Music Education

Recommendation for Admission or Scholarship

PART I. To be completed by the applicant. Furnish the information requested and ask the recommender to submit the form promptly. Mail directly to: University of St. Thomas, Graduate Music Education, 2115 Summit Avenue, LOR 103, St. Paul, MN 55105

Name of applicant _____

Field of specialization _____ Degree sought _____

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 he/she has waived such access.

I hereby waive my right to the information recorded below.

Signature of applicant _____ Date _____

I do not waive my right to access of the information recorded below.

Signature of applicant _____ Date _____

PART II. To be completed by recommender.

1. Indicate the population with which applicant is being compared in this rating:

- General music teachers, I have taught or known.
- Choral conductors, I have taught or known.
- Instrumental conductors, I have taught or known.
- Piano teachers, I have taught or known.

	No basis for judgement	Below Average	Average	Above Average	Exceptional
Knowledge of major field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic musicianship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to exchange and share ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance toward goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express self orally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to express self in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please indicate the strength of your overall recommendation by placing an "X" along the scale:

Not recommended
Recommend with
some reservations
Recommend
Highly
Recommended

3. Your written comments about the applicant will be appreciated. Use the space provided on this form or your own letterhead. Please be specific in your evaluation, and indicate how well you know the applicant.

Signature

Date

Name (Print or type)

Title Position

Institution

City, State

Mail directly to: University of St. Thomas, Graduate Programs in Music Education, 2115 Summit Avenue, LOR 103, St. Paul, MN 55105