

Recommendation Form

This form is not needed if the recommendation is being submitted electronically.

Section 1: To be completed by the applicant:

Name _____
Family (Last) Name Given (First) Name Middle Name

Intended Degree _____ Intended Major _____
(BM, MA, MM, DMA, PhD, or MA/PhD) (Applied Music, Theory, Music Education, etc.)

Instrument/Voice type _____
(Flute, Piano, Soprano, etc. Only list instrument(s) on which you are auditioning for a degree program.)

In accordance with the provisions of the Family Educational Rights and Privacy Act (FERPA), the following report is to be regarded as:

- Confidential.** I waive my right of review.
 Non-Confidential. I retain my right of review.

Applicant's Signature _____ Date _____

Section 2: To be completed by the recommender:

Name _____

Title or position _____

Address _____

City State Zip Country

Phone _____ E-mail _____

How long you have known the applicant, and in what capacity? _____

Please rate this applicant on the following criteria. This information will give us a clearer assessment of the applicant's overall ability and talent. Please evaluate the applicant in comparison with others whom you have known in a similar situation

- | | | | | | | |
|------------------------|---------------------------------|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|--|
| Performance Abilities: | <input type="checkbox"/> Top 1% | <input type="checkbox"/> Top 10% | <input type="checkbox"/> Top 20% | <input type="checkbox"/> Top 50% | <input type="checkbox"/> Bottom 50% | <input type="checkbox"/> No basis for judgment |
| Academic Abilities: | <input type="checkbox"/> Top 1% | <input type="checkbox"/> Top 10% | <input type="checkbox"/> Top 20% | <input type="checkbox"/> Top 50% | <input type="checkbox"/> Bottom 50% | <input type="checkbox"/> No basis for judgment |
| Talent: | <input type="checkbox"/> Top 1% | <input type="checkbox"/> Top 10% | <input type="checkbox"/> Top 20% | <input type="checkbox"/> Top 50% | <input type="checkbox"/> Bottom 50% | <input type="checkbox"/> No basis for judgment |
| Application: | <input type="checkbox"/> Top 1% | <input type="checkbox"/> Top 10% | <input type="checkbox"/> Top 20% | <input type="checkbox"/> Top 50% | <input type="checkbox"/> Bottom 50% | <input type="checkbox"/> No basis for judgment |
| Achievement: | <input type="checkbox"/> Top 1% | <input type="checkbox"/> Top 10% | <input type="checkbox"/> Top 20% | <input type="checkbox"/> Top 50% | <input type="checkbox"/> Bottom 50% | <input type="checkbox"/> No basis for judgment |

Signature of Recommender _____

Date _____

Please attach a separate letter to this form providing information concerning the applicant's musical, academic and/or personal background to help us to evaluate his/her qualifications for admission. For graduate degree applicants, please address his or her ability to accomplish independent study or research. The Eastman School of Music values a candid assessment of all candidates to assist us in our admission decision. Submit your completed form and letter by email or postal mail. Questions may be directed to the Eastman Office of Admissions: admissions@esm.rochester.edu or 585-274-1060.