

EASTERN MICHIGAN UNIVERSITY

DEPARTMENT OF MUSIC & DANCE DANCE STUDENT RECOMMENDATION FORM

*(Applicant: As part of the application process, please submit a minimum of two recommendations using this form.
At least one of these recommendations should be from a private dance studio instructor or a school dance teacher.)*

TO BE COMPLETED BY THE APPLICANT: *(please print or type)*

Name _____
Last First Middle

Address _____
Street City State Zip

Telephone _____ E-mail address _____

Degree Program:

____ Bachelor of Science (check track of interest)

____ Pre-Dance Therapy

____ Studio Management

____ Performance

____ Undecided

Intended Audition Date:

____ November 9, 2008 ____ February 8, 2008 ____ April 11, 2008 ____ Other _____

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

____ Confidential. I waive my right of review.

____ Non-Confidential. I retain my right of review.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY THE RECOMMENDER: *(please print or type)*

Name _____

Title or position _____

Address _____

Telephone _____ E-mail address _____

(over)

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
Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressiveness/Artistry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aptitude for Dance 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 which 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: Marsha Bolden