

EASTERN MICHIGAN UNIVERSITY

DEPARTMENT OF MUSIC AND 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

_____ Dance Minor

Intended Audition Date:

_____ February 5, 2010 _____ March 12, 2010 _____ 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
Technical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artistry/expressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn 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 that 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: Admissions
Or Fax to: 734.487.6939