

# EASTERN MICHIGAN UNIVERSITY

## DEPARTMENT OF MUSIC & DANCE 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 music instructor or a school music teacher.)*

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

Name \_\_\_\_\_  
*Last First Middle*

Address \_\_\_\_\_  
*Street City State Zip*

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Principal Instrument or Voice Classification \_\_\_\_\_  
*(Only list instrument(s) on which you are auditioning)*

**Degree Program:**

<input type="checkbox"/> Bachelor of Music Education	<input type="checkbox"/> Bachelor of Music (Performance)
<input type="checkbox"/> Bachelor of Music Therapy	<input type="checkbox"/> Bachelor of Arts/Bachelor of Science
<input type="checkbox"/> Music Minor	<input type="checkbox"/> Second Bachelor's Degree
<input type="checkbox"/> Post-Baccalaureate Teacher Certification	<input type="checkbox"/> Undecided

**Intended Audition Date:**

Nov. 6, 2009     Jan. 15, 2010     Feb. 5, 2010     Feb. 19, 2010     Mar. 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 \_\_\_\_\_

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**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.

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Please indicate your assessment of the applicant's abilities on his/her principal instrument in these areas:

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Unknown</b>
Tone quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy and sense of rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of relative pitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Expressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facility in sight-reading	<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?

	<b>Exceptional</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>	<b>Unknown</b>
Study and practice habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson 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"/>
Musicality/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.

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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 ♦ Attention: Admissions  
BY MAIL: 101 Alexander Music Building, Ypsilanti, MI ♦ 48197  
BY FAX: 734.487.6939