MUSIC RECOMMENDATION FORM

Deadline: January 15th

Applicant’s Name: ________________________________________  Date:_____________________

Name of person filling out recommendation: ______________________________________________

Address:___________________________________________________________________________
____________________________________________________________________________

Major instrument/voice part: ________________  Years you have taught the applicant: _____________

Considering the qualities below which are applicable, please check each line (as a continuous scale) at the point which you feel best reflects the skill or the response level of the candidate in the following areas:

Tone Quality
beautiful satisfactory unpleasant

Sight Reading Ability
superior adequate minimal

Musical Sensitivity
exceptional moderate lacking

Probability of Success in Music
high average doubtful

“Team Spirit”
exemplary satisfactory lacking

Dependability
exemplary satisfactory lacking

Consistency
exemplary satisfactory lacking

How would you rate the progress made in relationship to that of other students you teach?

Additional Comments:

Signature ____________________________________  Date__________________________

Please return by mail, fax, or email to:
•  Mail: George Fox University, 414 N. Meridian St. #6007, Newberg, Oregon 97132
•  Fax: 503-554-3902
•  Email: dhawblit@georgefox.edu