

Michigan State University, College of Music Admissions, 253 Music Building, East Lansing, Michigan, 48823-1043
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Michigan State University College of Music Undergraduate Recommendation Form

PART I

To be completed by applicant

Last Name: _____ First Name: _____ M.I. _____

Address: _____

Telephone: _____

Email: _____

City: _____ State: _____ Zip: _____

Instrument Type or Voice: _____

Degree Program: _____

By signing below the applicant agrees to waive all rights to read this recommendation.

(applicant's signature)

Date: _____

PART II

To be completed by a recommending music professional familiar with the applicant's musical abilities

1. How long and in what capacity have you known the applicant?

2. Please rank the applicant in relation to your current students.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Below 50%	Not Applicable
Level of performance accomplishment						
Interpretive ability						
Musical achievement						
Accuracy and facility in performance						
Intellectual ability						
Ability to communicate in speech and writing						
Personal integrity/ cooperation/ reliability						
Work ethic						
Motivation						
Relative maturity for his/her age						

Overall ranking of this applicant among all students who have studied with you						
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3. Please comment on the applicant's potential for success in his/her chosen field.

4. Please add any other information to help us assess the potential of the applicant as a music student.

Recommending Music Professional

Name _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Email: _____

Signature: _____

Date: _____

Return recommendation letters to the College of Music by October 1 (for transfer and minor applicants applying for spring semester) or December 1 (for students beginning the following academic year).