

Michigan State University, College of Music Admissions, 253 Music Building, East Lansing, Michigan, 48823-1043 phone: (517) 355-2140; fax: (517) 432-8209 | admissions@music.msu.edu; www.music.msu.edu

## Michigan State University College of Music

**Graduate Recommendation Form** 

## PART I To be completed by applicant

Last Name:	First Name:	
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.	
		Date:
(applicants signature)		

## 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. Success in graduate school depends upon the quality of the applicant's previous work. Please comment on the strength of the applicant's preparation in music.

3. What skills should the applicant improve in order to pursue a career in music?

4. How does this applicant compare with your impression of the applicants for graduate study in general?

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Below 50%	Not Applicable
Performing ability						
Aural skills						
Knowledge of music history and theory						
Intellectual ability						
Ability to communicate orally						
Ability to communicate in writing						
Maturity						
Perseverance toward goals						
Demonstrated teaching ability						

Overall ranking of this applicant			

5. Please elaborate on your evaluation above to provide any additional information about the applicant that would facilitate our admissions decision.

## **Recommending Music Professional**

Name	Return recommendation letters to the College of Music by October 1 (for transfer and minor			
Title:	applicants applying for spring semester) or December 1 (for students beginning the			
Address:	following academic year).			
City: State: Zip:				
Telephone:				
Email:				
Signature:	Date:			