

<i>Applicant</i>	<i>Recommender</i>
Name <i>first middle last</i>	Last Name
UMID	First Name
Date of Birth	Title
Mobile Phone	Institution or Company
Email	Email
Program	Business Phone
Instrument/Voice	<i>Street Address</i>
	<i>City, State Zip</i>
	<i>Country</i>

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students are permitted to waive the right of access to recommendations.

- I hereby waive my right to inspect the contents of this recommendation.
- I do **not** waive my right to inspect the contents of this recommendation.

Applicant signature: _____ Date: _____

1. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Recommended	Recommended	Recommended with Some Reservations	Not Recommended

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

3. Please attach a letter of recommendation commenting on the applicant's strengths and weaknesses, with any additional information about the applicant that could be of help to the admissions committee.

Letter of recommendation attached

Office of Admissions and Student Services

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