

University of Dallas Summer Music Academy

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Student Recommendation Form

To be completed by the applicant's band/orchestra/choir or private lesson teacher:

Your name: _____

Your title: _____

Your email address: _____

Applicant's name: _____

How long have you known the applicant? _____

In what capacity? _____

Please rate the applicant in the following areas:

	Outstanding	Above Average	Average	Below Average	Needs Improvement
Musicality					
Technical Proficiency					
Musical Tone Quality					
Attitude					
Ability to work with others					
Integrity					
Work ethic					
Potential for pursuing a career in music					

Please provide any additional comments about the applicant.

Signature: _____ Date: _____

Please mail this completed recommendation to: University of Dallas Music Department, 1845 E. Northgate Drive, Irving, TX 75062. You may email a scanned PDF of the completed form to music@udallas.edu.