Confidential Recommendation Form for Undergraduate Programs in the WVU School of Music

To be completed by the applicant:

Confidential Recommendation for: ________________________________

Applicant's Last Name: __________________ First Name: __________________ Middle Initial: ____________

[ ] I waive my right to have access to this recommendation (the student may not see this recommendation).

[ ] I do not waive my right to have access to this recommendation (the student may see this recommendation).

Applicant's Signature: __________________ Date: ____________

Major Instrument: __________________

Degree Program:

☐ Music Education  ☐ Music Performance  ☐ Music Composition

☐ Jazz Performance  ☐ BA In Music  ☐ Music Minor – Major Field of Study __________________

To The Recommender: Please complete this form, seal and sign the envelope flap, return to applicant to be mailed together with other application materials.

The applicant's request for admission cannot receive final action until this recommendation has been returned; please note the due dates listed above for the receipt of forms. The University values your candid evaluation of the applicant and assures you that your comments will be treated in a strictly confidential manner unless the student does not waive the right to access.

Part I - Please complete the following sections:

How long have you known the student and in what context?

__________________________________________________________________________

__________________________________________________________________________

How would you describe this student?

__________________________________________________________________________

~Over~
Part II - Recommendation - in a few words, please share your thoughts about this applicant as a student and his/her ability to be successful at WVU. Please feel free to attach an additional sheet if needed.


Part III - Student Rating

Please rate this student using the following:

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<th>Criteria</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Well Above Average</th>
<th>Top 5%</th>
<th>No Basis to Rate</th>
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<td>Level of Performing Accomplishment</td>
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Signature of Recommender  Date

(please print)

Name: _____________________________________________________________

School/Studio Name: ______________________________________________

Present Position: _________________________________________________

Address: ________________________________________________________
  Street/Road  City  State  Zip

Phone: ___________________________________________ Email Address: _______________________________