



College of Creative Arts
Division of Music

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

To be completed by the applicant:

Confidential Recommendation for: _____
Applicant's Name *Date of Birth*

_____ 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*

Degree _____ Major Instrument _____ Audition Date _____

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

DUE DATES FOR RECEIPT OF FORMS	
Audition Date	Due Date
October 27, 2007	October 15
February 9, 2008	January 21
February 10, 2008	January 21
March 15, 2008	March 1

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?

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:

Criteria	Below Average	Average	Above Average	Well Above Average	Top 5%	No Basis to Rate
Level of Performing Accomplishment						
Interpretive Ability						
Intellectual Ability						
Written Expression						
Verbal Expression						
Motivation						
Maturity						
Potential for Success						
Self-Confidence						
Work Habits						

Signature of Recommender

Date

(please print)

Name: _____

School/Studio Name: _____

Present Position: _____

Address: _____
Street/Road
City
State Zip

Phone: _____ Email Address: _____