

UNIVERSITY OF WISCONSIN – MADISON
School of Music
RECOMMENDATION FORM
To be completed by your
Private Music Teacher or Conductor

To be completed by the student who is being recommended

Name of Student (please print) _____ Date of Audition _____

I will want to see this recommendation ___ Yes ___ No Instrument student plays _____

Student's Signature _____ Date _____

This student may be considered for a scholarship to the University of Wisconsin – Madison School of Music. We would sincerely appreciate your evaluation of this student's level of accomplishment and potential for college study in music.

1 – Name of Student (please print clearly): _____

2 – Nature of your relationship to this student: _____

3 – Length of time s/he has worked with you: _____

4 – While with you, what special musical activities has this student participated in: _____

5 – Additional comments (please use the reverse side or attach additional information):

6 – Please rank this student in the following areas:

CATEGORY	2% Excellent	10% Very Good	25% Average	50% Below Average
Overall Talent				
Technique				
Musicianship				
Aural Perception				
Dependability				
Ability to work with others				
Prospects for success in music				

Signature _____ Date _____

Name _____ Phone _____

Position/Title/Institution _____ Email _____

Address _____

Please mail this form to: UW-MADISON SCHOOL OF MUSIC
Undergraduate Music Admissions
455 N. Park Street, Room 5561
Madison, WI 53706
USA

Deadline: To arrive Two Weeks before Audition Date