

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

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 3561H
Madison, WI 53706
USA

OR, scan and email to:
admissions@music.wisc.edu

Deadline: To Arrive By The Last Day Of The Month Preceding Applicant's Audition Date