



DEPARTMENT of MUSIC

Recommendation Form

Name of applicant: _____ Instrument or Voice: _____

Name of Recommender: _____ Relationship to Applicant: _____

Institution/Church: _____ Title/Position: _____

Email address: _____ Phone Number: _____

Trait	Above Average	Average	Below Average	Trait	Above Average	Average	Below Average
Reliability				Musical Talent: Inborn capacity			
Mental alertness				Technique: Accuracy, facility			
Initiative				Rhythmic sense			
Ability to follow tasks to completion				Musical memory			
Academic Ability				Sight-reading			
Disposition				Performance potential			
Leadership qualities				Teaching potential			
Teachability: Openness to new ideas							

How long and in what capacity have you known this applicant?

Among approximately _____ students I have known in his/her field in recent years, I would rank this applicant in the upper _____ (%) percentile.

Please make any additional statements you may have regarding this applicant:

Date: _____ Signature: _____

Please return to:

**Department of Music
Louisiana College
P.O. BOX 604
Pineville, LA 71360**