	CAT MADONNA UNIVERSITY
<u>Undergraduate MU</u>	SIC PROGRAM Confidential Recommendation Form
NAME OF APPLICANT:	
ADDRESS OF APPLICANT:	CITY/STATE/ZIP
MUSIC DEGREE SEEKING:	
character (music instructor, private te signature over seal to your audition O from their email address the scanned/ Prof. Barbara Wiltsie, Mu	 e) individuals who are very familiar with your musical capabilities and personal eacher, church choir director, principal, etc.). Bring the sealed forms with evaluator's DR have evaluator submit via US Postal with signature on back of envelope OR send /jpeg form. usic Program Director, DEPARTMENT OF ART, MUSIC, & DANCE a University 36600 Schoolcraft Rd Livonia, MI 48150 bwiltsie@madonna.edu
Evaluator: Please print legibly	
NAME	EMAIL
AFFLILATED SCHOOL/CHURCH	
ADDRESS	CITY/STATE/ZIP
1. How long and in what capacity have you known the applicant?	
2. Please be frank in your answers; giv personal character.	ve a rating that best reflects your opinion of this candidate's musical abilities and Superior ~ Excellent ~ Good ~ Fair
a. Music skills	
b. Aural skills	
c. Intellectual ability (likely to su	cceed in college)
d. Dependability	
e. Motivation to practice	
f. Potential for career in music	

g. Attitudes and behavior_____

h. Potential as a teacher (for Music Ed major) _____



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Please write any additional comments here that will give us more information about the candidate for acceptance into the Music Program. If student is applying for a Music Scholarship, please give additional information/opinion as to why they should be considered for said scholarship. (PLEASE PRINT LEGIBLY)