

# Central Washington University String Program Recommendation Form

*Writer's Statement of Recommendation:*

Applicant's Name: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Please rate the applicant among their peers in the following categories:	Top 5%	Top 10%	Top 25%	Top 50%	Insufficient Knowledge
<b>Musicality</b>					
<b>Technical Proficiency</b>					
<b>Academic Aptitude</b>					
<b>Openness to Ideas</b>					
<b>Supportiveness of Colleagues</b>					
<b>Motivation</b>					
<b>Self-Discipline</b>					
<b>Leadership Skills</b>					
<b>Work Ethic</b>					

*Comments and Recommendations: On the back side of this form or on an attached sheet, please include additional information about the applicant.*

Writer Signature \_\_\_\_\_ Position \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Please return completed form to:  
String Area; Music Department #7458; Central Washington U.; 400 E. 8th Ave.; Ellensburg, WA 98926  
fax (509)963-1239 / phone (509) 963-1216