

Central Washington University

Music Program Recommendation Form

Writer's Statement of Recommendation:

Applicant's Name: _____

How long have you known the applicant? _____

In what capacity? _____

Student's Primary Instrument. _____

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

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: _____ Date: _____

Please return completed form to:

Music Department
 Mailstop 7458
 Central Washington University
 400 E. 8th Ave.
 Ellensburg, WA 98926

fax (509)963-1239 / phone (509) 963-1216



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