



### Student Applicant Recommendation Form

Two recommendation forms are required of all new and transferring undergraduate applicants and must be received by the scheduled audition date. Recommendations must be from teachers or directors, one of which must be from a music teacher or director.

**APPLICANT:** Please complete only this top section of the form. Please Type or Print Clearly

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- Intended Major:** (check one)
- Music: Performance Option
  - Music: Teacher Licensure Option (Music Education)
  - Bachelor of Arts in Music (Open Studies)
  - Bachelor of Arts in Music (Audio Recording Technology)

**Give this form to teachers/directors who are familiar with your musical background and abilities.**

\* \* \* \* \*

**Teacher/Director:** Please complete the remainder of this form and mail or fax it to the EIU Music Department as soon as possible. The student will not be admitted to the EIU Music program or considered for scholarship until this form has been received. Recommendations will be kept strictly confidential.

Name \_\_\_\_\_

School/Employer \_\_\_\_\_

Daytime phone \_\_\_\_\_ E-mail \_\_\_\_\_

Relationship to the applicant \_\_\_\_\_

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

Please indicate with an "X"	Superior	Above average	Average	Below average	Poor	N/A
Musical potential/ability						
Aural skills						
Rhythmic acuity						
Sight reading						
Technical ability						
Practice habits						
Communication skills						
Interpersonal skills						
Initiative						
Poise						
Teaching potential (Music Ed students only)						

Please share any additional qualities or information on the back of this form or in a letter attached to this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mail or Fax to:** Eastern Illinois University  
Department of Music  
600 Lincoln Avenue  
Charleston IL 61920  
Fax: 217-581-7137

**Scanned document as an e-mail attachment:** music@eiu.edu