



EASTERN ILLINOIS UNIVERSITY  
department of music

## Graduate Program Reference Form

### Applicant Information

Name: \_\_\_\_\_ Term of Application: \_\_\_\_\_

E-mail: \_\_\_\_\_ Proposed Program of Study: \_\_\_\_\_

Applicant Waiver (optional):

I hereby waive whatever rights of access I may have to this confidential letter of reference as provided in the Family Educational Rights and Privacy Act.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Recommender Information

Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Institution/Organization: \_\_\_\_\_

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

1. To what extent do you recommend this applicant for admission as a graduate student in the proposed field of study? (Please check one.)

strongly recommend     recommend     recommend with reservations     I do not recommend

2. Please describe how long you have known the applicant and under what circumstances you have known the applicant:

3. Please evaluate the applicant in comparison with others you have known during your professional career. Describe the comparison group you are using:

Please attach a statement of recommendation addressing the applicant's abilities to pursue graduate studies and research. Please address the following as applicable: the applicant's ability to work with peers, supervisors and subordinates; teaching potential; any outstanding abilities, talents, liabilities and weaknesses; and oral and written communication skills.

Please return to the student in a sealed envelope that has been signed across the seal, or mail your recommendation directly to:

Dr. Marilyn Coles, Graduate Coordinator  
Music Department  
Eastern Illinois University  
600 Lincoln Avenue  
Charleston, IL 61920