

MUSIC DEPARTMENT AUDITION APPLICATION

RECOMMENDATION FORM

APPLICANT: COMPLETE THE FOLLOWING INFORMATION. DO NOT WRITE BELOW THE LINE

APPLICANT'S NAME _____ SCHOOL _____

INSTRUMENT/VOICE _____

TEACHER/ADVISOR/COUNSELOR:

THE ABOVE-NAMED APPLICANT HAS APPLIED FOR A MUSIC SCHOLARSHIP AT TEXAS A&M UNIVERSITY-KINGSVILLE. TO HELP US EVALUATE HIS/HER QUALIFICATIONS, PLEASE RATE THE STUDENT (ON A SCALE OF 1 – POOR TO 5 – OUTSTANDING) AND RETURN THIS FORM DIRECTLY TO THE DEPARTMENT OF MUSIC AT THE ABOVE ADDRESS.

BASIC MUSIC TALENT	1	2	3	4	5
EXPRESSIVENESS	1	2	3	4	5
TECHNICAL ABILITY	1	2	3	4	5
RHYTHMIC ABILITY	1	2	3	4	5
SIGHT-READING ABILITY	1	2	3	4	5
SENSE OF PITCH	1	2	3	4	5
ABILITY TO LEARN	1	2	3	4	5
PERFORMANCE POTENTIAL	1	2	3	4	5
POTENTIAL AS A TEACHER	1	2	3	4	5
LEADERSHIP SKILLS	1	2	3	4	5

HOW MANY YEARS HAVE YOU KNOWN THE APPLICANT? _____

DO YOU HAVE ANY ADDITIONAL COMMENTS IN SUPPORT OF THIS APPLICANT? PLEASE ADDRESS THEM BELOW UNDER SEPARATE COVER.

SIGNATURE _____ DATE _____

PRINT NAME/TITLE _____ SCHOOL/BUSINESS _____

ADDRESS _____

PHONE _____ EMAIL _____

