



Michigan State University, College of Music Admissions, 253 Music Building, East Lansing, Michigan, 48823-1043 phone: (517) 355-2140; fax: (517) 432-8209 | admissions@music.msu.edu; www.music.msu.edu

Michigan State University College of Music Undergraduate Recommendation Form

PART I To be completed by applicant			
Last Name:	First Name:	M.I	
Address: State: Zip: States by signing below the applicant agrees to waive all rights to	Email: Instrument Type or Voice: Degree Program:		
	Tead this recommendation.	Date:	
PART II To be completed by a recommending music pro	fessional familiar with the applican	t's musical abilities	

1. How long and in what capacity have you known the applicant?

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Below 50%	Not Applicable
Level of performance accomplishment						
Interpretive ability						
Musical achievement						
Accuracy and facility in performance						
Intellectual ability						
Ability to communicate in speech and writing						
Personal integrity/ cooperation/ reliability						
Work ethic						
Motivation						
Relative maturity for his/her age						
Overall ranking of this applicant among all tudents who have studied with you						
4. Please add any other information to	help us assess t	he potential of the	e applicant as a r	nusic student.		
Recommending Music Professional		n	-4····	adation lattona t	o the Callege	
Name			Return recommendation letters to the College of Music by October 1 (for transfer and minor applicants applying for spring semester) or December 1 (for students beginning the			
Title:		_				
Address:			ollowing academ	•	9	
City: State:	_ Zip:	_				
elephone:		_				
		_				
Email:						