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UNIVERSITY
OF OREGON

School of Music and Dance 1225 University of Oregon Eugene OR 97403-1225 Fax: (541) 346-0723 • (541) 346-5268 • gmusadm@uoregon.edu • music.uoregon.edu

Letter of Recommendation Form

pplicant's Name: Last	First	I	3-mail	
nstrument or Voice Type:				
accor <u>danc</u> e with the Family Edu Confidential (app	cational Rights and Privac licant waives the right of r		is to be regarded as: (<i>check one</i>)	
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Date:	Signature:			
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. Please describe how long you've	-		?	
. Please assess the applicant's qua	alifications and promise as	an undergradua	te music student (or attach a letter).	
. Concerning this applicant for un Strongly recommend Recommend ECOMMENDER:	idergraduate admission, I i	Reco	ng recommendation: ommend with reservations not recommend	
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DO NOT RETURN TO APPLICANT. P	lease mail directly to:		1225 UNIVERSITY OF OREGON EUGENE OR 97403-1225	

Please return this form directly to the above address by January 15.