



Southeast Missouri State University

Department of Music

UNDERGRADUATE SCHOLARSHIP RECOMMENDATION LETTER

SECTION 1: APPLICANT INFORMATION (to be filled out by applicant)

Full Name (please print neatly) _____

Intended Major at Southeast _____

Major Instrument or Voice Classification _____

In accordance with the provisions of the Family Education Rights and Privacy Act (FERPA), you may have access to the information provided in letters of recommendation unless you waive the right of future access to these letters. By waiving this right, you enable your reference to provide a frank portrait of you and your abilities. Please check the appropriate box below based on whether or not you would like to have future access to your letters of recommendation.

- Confidential.** I waive my right of review.
- Non-Confidential.** I retain my right of review.

Applicant Signature: _____ Date _____

SECTION 2: REFERENCE INFORMATION (to be filled out by reference)

Name (please print neatly) _____

Title or position held _____

Email Address (please print neatly) _____

Office Phone # _____

In what capacity do you know this applicant:

Use a check mark to indicate your opinion (Please use reverse side for additional comments)

CHARACTERISTIC	SUPERIOR	EXCELLENT	GOOD	FAIR	COMMENTS?
Musical talent					
Musical achievement					
Academic potential					
Ability to do university work					
Work ethic					
Attitudes and Behaviors					
Dependability					
Personal appearance & manner					

Signature of Reference _____

Please place this recommendation in a sealed envelope, sign across the seal and mail to:
Beverly Delph, Department of Music MS7800, Southeast Missouri State University, One University Plaza, Cape Girardeau, MO 63701