

Bluffton University Department of Music
Music Teacher Recommendation Form

Applicant: please fill in the information at the top of the page, and then give this form to your ensemble director/private teacher.

NAME: _____

Last
First
Middle

PRIMARY INSTRUMENT/VOICE PART: _____

Degree Plan: Music Education Music Liberal Arts (Concentration: _____)

TO THE CANDIDATE: Under the terms of the family educational rights and privacy act of 1974, you have the right to inspect and review this evaluation. If you provide a signature, you are agreeing to give up this right. There is no obligation to waive this right.

I hereby waive my right to inspect and review the recommendation which has been written on my behalf.

Signature _____ Date _____

Music Teacher: The above student is auditioning for a music scholarship at Bluffton University. We would like your candid assessment of this student's development and potential.

How long have you taught the applicant (years)? 1 or less 2 3 4 or more

In what capacity have you taught the applicant?

- Ensemble director (name of ensemble) _____
- Private teacher (give instrument or voice) _____
- Other (please specify): _____

	Outstanding	Excellent	Good	Average	Below average	No basis for judgement
Tone quality						
Musicality						
Technique						
Pitch/Intonation						
Rhythm						
Diction						
Sight reading						
Discipline/Preparation for Lessons/Rehearsals						
Attitude towards lessons/rehearsals						
Interest in a career in music						
Potential for success as a music major						

Please use the back of this form for additional comments.

NAME: _____ POSITION: _____

Thank you for completing the music teacher recommendation form.

IF THE STUDENT HAS SIGNED THE CONFIDENTIALITY AGREEMENT, PLEASE RETURN THIS RECOMMENDATION FORM TO:
 Bluffton University Department of Music, 1 University Drive, Bluffton, OH 45817