

RECOMMENDATION FROM HIGH SCHOOL MUSIC TEACHER

To the student: Print your name in the space provided and indicate the area of major interest. Place this sheet in a stamped envelope, which you have addressed to Department of Music, Baker University, P.O. Box 65, Baldwin City, Kansas 66006-0065. Please make sure your music teacher receives this form if you have had such instruction while in high school or college. If you have not had group music instruction it may be any teacher or counselor who knows you well enough to complete the form.

Applicant's name: _____
Last First Middle

Area of major interest: _____

To the person completing this form: The named applicant is in the process of applying to the Department of Music at Baker University. Your frank appraisal of the applicant's potential, as a student, will be appreciated. Please add any appropriate comments or relate any additional information, which may be of help in evaluating applicant on the back of this sheet. Do not hesitate to attach a letter as appropriate.

Intellectual Capacity:	Low	Average	High
Able to accomplish college level work	- 1 +	- 2 +	- 3 +
Creative Ability:			
Imaginative & comfortable in innovative work	- 1 +	- 2 +	- 3 +
Emotional Maturity:			
Relates well to self and others	- 1 +	- 2 +	- 3 +
Musical Skill:			
Capable voice, instrument, etc, as appropriate	- 1 +	- 2 +	- 3 +
Motivation and Drive:			
Goals clear, dedicated	- 1 +	- 2 +	- 3 +
Recommendation for Scholarship:			
Based upon merit	- 1 +	- 2 +	- 3 +
Based upon need	- 1 +	- 2 +	- 3 +

Thank you for your time and consideration in completing this recommendation. Upon completion please forward to:

Department of Music
Baker University
P.O. Box 65
Baldwin City, Kansas 66006-0065
or Fax (785) 594-4546

Name (please print) _____

School _____

How long have you known the applicant? _____

In what capacity? _____

Signature _____ Position _____