

**Mansfield University Music Department Recommendation Form**

(Please Print)  
 Name of Applicant: \_\_\_\_\_ Instrument: \_\_\_\_\_  
 Degree Program: \_\_\_\_\_ Date: \_\_\_\_\_  
 Check one:  
 I do not waive my right to review this recommendation.  
 I hereby waive my right to review this recommendation. \_\_\_\_\_  
Signature of Applicant

The above applicant is asking for your recommendation to enter the music program at Mansfield University. Please take a moment to provide feedback in the following areas. We would appreciate it if you would share additional comments by attaching a written statement to this page regarding your opinion about the applicant and their academic and musical abilities.

Use This Scale to Evaluate the Applicant's Ability in Each Category.

	Superior	Excellent	Good	Fair	Cannot Evaluate
Tone/Intonation					
Articulation/ Diction/Bowing					
Rhythmic Accuracy					
Note Accuracy					
Explicit Musicianship					
Implicit Musicianship					
Work Ethic					
Academic Ability					
Ability to Accept Instruction					

What is your relationship to the applicant? \_\_\_\_\_  
 How long have you known the applicant? \_\_\_\_\_

\_\_\_\_\_  
 Recommender's Signature

\_\_\_\_\_  
 Date