

BROCK UNIVERSITY
DEPARTMENT OF MUSIC
Confidential Letter of Recommendation

Please give this Letter of Recommendation to your Music teacher or a person qualified to discuss your musical background.

REFEREE:

Please ensure this form arrives before the scheduled audition date.
Send or email the form directly to:

Administrative Assistant
Department of Music
Brock University
St. Catharines, Ontario L2S 3A1
music@brocku.ca

SECTION A: (To be completed by Student)

Name: _____
Address: _____
Telephone: () _____ E-mail: _____

SECTION B: (To be completed by Referee)

Name: _____
Address: _____
Telephone: () _____ E-mail: _____
Professional Occupation: _____
Place of Employment: _____
What is your relationship to the applicant? _____
How long have you known the applicant? _____ Years
If the applicant has studied privately with you, for how long has he/she studied with you? _____ Years
Please evaluate the student by placing an "X" in the most appropriate space.

	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	EXCELLENT
Estimate of Overall Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythmic Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Confidence in Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work & Study Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____

PLEASE FEEL FREE TO USE THE REVERSE SIDE OF THIS FORM FOR ANY
ADDITIONAL COMMENTS OR TO ATTACH A LETTER. THANK YOU.

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