

CEDARVILLE UNIVERSITY MUSIC TEACHER RECOMMENDATION FORM

Please return to Cedarville University Music Department, 251 N. Main St., Cedarville, OH 45314

Applicant: please fill in the information below, then give this form to your ensemble director/private teacher

Name: _____
Last
First
Middle

Home Address: _____
Street
City
State
Zip Code

Primary Instrument/Voice - Part: _____

Desired Major: ___ B.A in Music ___ Keyboard pedagogy ___ Music History ___ Music Education
 ___ Performance ___ Music Theory ___ Church Music Ministry ___ Music Composition

Music Teacher: The above student has applied for admission to the Music Department at Cedarville University. Your candid assessment of this student's development and potential will be very helpful to the admission committee in making its decision.

How long have you taught the applicant (years)? 1 or less 2 3 4 5 6 or more

In what capacity have you taught the applicant?

 ___ Ensemble director ___ Private Teacher Other (please specify) _____

Please evaluate the applicant in terms of skills in the following (1= below average, 5= excellent):

	1	2	3	4	5	No Basis For Judgement
1. Capacity for musical achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Artistry in performance, creative imagination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accuracy and facility in performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Sense of relative pitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Sense of rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ability to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Potential as a performer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Potential as a teacher of music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. This rating is based on the student's performance on _____ in _____						
	(Instrument/voice)					(lessons, band, orchestra, chorus, etc.)

Please take a moment to provide a written recommendation of the applicant.

Date: _____

Signed: _____ Position: _____