

Cedarville University
Department of Music and Worship
Application for Admission to the Worship Degree

Recommendation Form

Instructions to applicant:

Fill in your name and phone number below and ask one adult who is qualified to evaluate your musical abilities and another adult who is able to comment on your spiritual walk. You need to provide them with a copy of this form and a stamped envelope addressed to:

Dr. Roger O'Neel, Department of Music and Worship, Cedarville University, 251 N. Main Street, Cedarville, OH, 45385.

Last Name

First Name

Telephone number

Instructions to the recommender:

Thank you for agreeing to provide us information on the student listed above so that can evaluate their potential as a future student. There are multiple sections below and on the second page. Complete **all sections** that you feel qualified to evaluate. Please return in a timely manner in the envelope provided by your student.

Please keep my comments confidential

Feel free to share my comments with the student listed above

How long have you known the student above? _____

What is your relationship to the student (teacher, pastor, etc.)? _____

In what areas does the student excel?

Do you have concerns about them being a future worship leader?

