

Writers of letters of recommendation are requested to write a statement on the reverse of this form and mail directly to THE DIRECTOR OF GRADUATE STUDIES OF THE SHEPHERD SCHOOL OF MUSIC.

vame of Applic	cant:(las	name)			(first name)		(n	niddle name)	
Major in The Shepherd School of Music					Instrument				
I authorize	the preparation of a confider	tial eva	aluation and und	erstand that the	e material will be	kept confidential	both from	me and from tl	ne public.
Signature						Date			
complete the of field, and also this applicant	Committee will be grateful thart and use the reverse sidetail his/her potential to a with others whom you know that to the other students	de of chieve ow who in his/	this form to pi a successful p o have recently her class, or ot	rovide your opi rofessional card attended or her persons yo	nion of the can eer. The basis f are applying to	didate's ability or the opinion v The Shepherd f comparable ex	to carry o vill also be School of perience.	n advanced st appreciated.	udies in his/he Please compare
			duating Senior Students I have		☐ First Year (☐ Other	Graduate Studer	nts		
			Upper 1 or 2 %	Upper 10% but not upper 1 or 2 %	Upper 25% but not upper 10%	Upper half but not upper 25%	Lower Half	No Basis for Judgment	
	Performing Technique								
	Artistic Potential								
	Aural Ability								
	Apparent Intellectual Abili	ty							
	Potential in Field								
	Oral Expression								
	Written Expression								
	Working with others								
	Emotional Maturity								
	Imagination and Probable Creativity								
	Pleas	e use	the reverse s	ide of this fo	rm for additio	nal comments]		
	Name (please type o	r print))			Sig	ınature		,
	Date					Р	osition		
Phone Number					Institution				