

Department of Music



Department of Music Admissions
3640 Colonel Glenn Hwy.
Dayton, OH 45435-0001
(937)775-2346 • music@wright.edu

Recommendation Form

_____ has applied for admission to the Department of Music at Wright State University. Please complete this form on her/his behalf. Your assessment of this applicant will assist the music faculty in reaching a decision regarding this student's potential as a music major. Please print and return the completed form:

- Mail to the address above
- Fax to (937)775-3786
- Scan and email to music@wright.edu

	No Basis for Comment	Poor	Good	Very Good	Superior
Musical Talent: Capacity for musical achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical Expressivity: Artistry, creativity, imagination, emotion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique: Accuracy and facility in performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Relative Pitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sense of Rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability and Willingness to Learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a Performer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential as a Teacher of Music	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vocal Ability (Instrumentalists only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

This rating is based on the student's performance on _____
Instrument(s) or voice parts(s)

in _____
Ensemble(s) or capacity in which you evaluated the student

Your name: _____ Date: _____

Title: _____ Phone: _____

Address: _____

City/State/Zip: _____

Your signature

Additional comments on the student's qualifications may be included on the back of this form. (OPTIONAL)