



UNIVERSITY
OF OREGON

University of Oregon School of Music

RECOMMENDATION FORM for Undergraduate Applicants

Name of applicant _____

Instrument or voice type _____

Name of evaluator _____

Professional title and institution, if any _____

Relationship of evaluator to applicant _____

EVALUATION OF APPLICANT – *check the appropriate boxes below*
(A=superior, B=excellent, C=good, D=fair, F=poor, *=unable to observe)

	A	B	C	D	F	*	Comments
Musical Talent							
Musical Achievement							
Academic Achievement							
Potential for a Musical Career							
Attitude and Behavior							
Dependability							

Among the approximately _____ students I have known in this field in recent years, I would rank this applicant in the upper: 1% 10% 25% 50% other

To the Evaluator: Any additional information you can provide that will help us in assessing the potential of this student as a music major will be appreciated. We are particularly interested in the applicant’s musicianship, general school record, and character. Please feel free to use the reverse of this page, or attach an additional sheet.

Signature of Evaluator Printed Name Date

Please mail or FAX to:
Undergraduate Admissions Office
School of Music
1225 University of Oregon
Eugene, Oregon 97403-1225
FAX: (541) 346-0723

CONTACT INFO: Admissions Administrator
e-mail: audition@oregon.uoregon.edu
Phone: (541) 346-1164

NOTE: A letter of recommendation is an acceptable alternative to the submission of this form.