

**RECOMMENDATION FOR
PROSPECTIVE STUDENT
Valparaiso University
Department of Music
Chamber Music Intensive**

To the student: Fill in your name and instrument and give this form to your recommending teacher.

Student's Name: _____ Instrument: _____

To the recommending teacher: The student named above seeks admittance to the Chamber Music Intensive program at Valparaiso University. We appreciate your professional assessment of this student. Your prompt reply will be helpful in our selection process and aid the students in getting a productive and satisfying ensemble placement. Please mail the completed form to Department of Music, 1709 Chapel Drive, Valparaiso University, Valparaiso IN 46383-5454, or FAX to 219-464-5244 (to attention of Music Office). If you prefer to recommend via e-mail, please send a message including these rankings to: music@valpo.edu. Thank you for your assistance!

Name of person making recommendation: _____

Address: _____

Email address, if applicable: _____

School position, if applicable: _____ Phone: _____ - _____ - _____

In what capacity have you known this student?

How long have you taught the student?

How well do you know the student (circle one)? Very well Casually Not well

Please compare this student with the most outstanding players you have taught at their age or grade level. Circle a rating for each quality listed below. (1 = low, 5 = superior)

Solo Performing Ability	1 2 3 4 5
Ensemble Performing Ability	1 2 3 4 5
Motivation and Practice Habits	1 2 3 4 5
Basic Musicality and Creativity	1 2 3 4 5
Ability to Learn Music Readily	1 2 3 4 5
Sight Reading Ability	1 2 3 4 5
Pitch/Intonation Sense	1 2 3 4 5
Technical Facility	1 2 3 4 5
Readiness for Chamber Music Playing	1 2 3 4 5

(Optional) Please offer any additional comments on the back of this sheet that will help the faculty evaluate the student's musical potential

Recommender's signature _____ Date _____