



Claflin University
Department of Music

Letter of Recommendation Form

I. To be completed by the applicant

Full Name _____ Intended Degree of Study _____

Instrument or Voice Type _____

(optional) I hereby waive whatever rights of access I may have to this confidential recommendation as provided in the Family Educational Rights and Privacy Act of 1974.

Signature _____ Date _____

II. To be completed by the person writing the reference and (or attach a letter of reference):
 Please indicate where the applicant would rank among students currently or recently in your area.

	Top 5%	Top 10%	Top 25%	Top 50 %	Lower 50%	No Info
Level of performance accomplishments						
Musical interpretative ability						
Intellectual ability						
Personal integrity/cooperation/reliability						
Relative maturity (musical or otherwise)						
Potential for successes and/or motivation in applicant's chosen field						

III. To be completed by the person writing the reference (or attach a letter of reference)

In what capacity do you know the applicant _____
 and how long? _____

In the space below, please feel welcome to include any additional comments about this applicant (attach a separate page if necessary).

Name (please print) _____ Present Position _____

Signature _____ Institution/School _____ Date _____

Phone _____ E-mail _____

Please Return Completed Form to:
 Department of Music Claflin University 400 Magnolia St. Orangeburg, SC 29115 Fax: 803-535-5735