RECOMMENDATION FORM

Name:

Master of Music in Music Education - Kodaly Emphasis



The applicant named below is applying for admission to the Master of Music in Music Education – Kodaly Emphasis program at Lakeland University and is asking you to provide an academic or professional reference. Criteria for admission to the program requires an educational/professional evaluation of the applicant. Your assistance in this process is much appreciated. (For additional space, feel free to write on the back of this form)

Date:	Name of Applicant	:				
Organization:		Position:				
Email:		Phone:				
City:		State:		: :	Zip:	
How long have you k	mown the applicant?					
Please describe the	relationship:					
B. Please rate the ap	plicant in the following areas	s (see scale be	elow):			
		Excellent	Very Good	Average	Below Average	Poor
1. Initiative, Creativ	vity & Enthusiasm in Teaching	5	4	3	2	1
2. Proficiency in Skills for Teaching Music		5	4	3	2	1
3. Professional Attitude and Growth		5	4	3	2	1
4. Ability to Discipline/Rapport with Students		5	4	3	2	1
5. Integrity		5	4	3	2	1
6. Curiosity to Learn and Develop Professionally		5	4	3	2	1
	additional comments about th				n determining the ap	plicant's
success in the Maste	er of Music in Music Education	on – Kodaly Er	mphasis progran	n.		
Please check one:	Strongly recommend	Recomm	nend	Do not recomm	nend	
Cianoturo					Deter	
Signature:				Date:		

For questions or concerns and to return this form please contact: