

**This section to be completed by the applicant before giving it to the recommender.**  
**Please type your information and print the form before giving to your recommender.**

Please provide your recommender with an envelope, including stamp, and addressed to:  
School of Music Auditions; MTSU P.O. Box 47; 1301 E. Main St; Murfreesboro, TN 37132 -OR-  
Fax to: 615.898-5037 ATTN: Connie Bowrey -OR- email to: Connie.Bowrey@mtsu.edu

Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_ Email: \_\_\_\_\_

Instrument/Voice: \_\_\_\_\_ Audition Date: \_\_\_\_\_

Are you applying to be a music major or music minor?  Major  Minor

If you are applying to be a music major, please indicate your proposed concentration below:

- |   |  |
|---|--|
| <input type="checkbox"/> Music Education - Instrumental | <input type="checkbox"/> Music Education - Vocal/General |
| <input type="checkbox"/> Performance                    | <input type="checkbox"/> Theory Composition              |
| <input type="checkbox"/> Jazz Studies                   | <input type="checkbox"/> Music Industry                  |

This section to be completed by the applicant's ensemble director, music teacher, or other academic teacher.

Recommender's Name: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For how long and in what capacity do you know the applicant? \_\_\_\_\_

Please rank applicant in comparison to your current music students by checking the box for each category.

	Superior	Excellent	Good	Average	Below Average	N/A
Musical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technical Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythmic Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Capability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relative Maturity for Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete next page.

This form must be returned to the MTSU  
School of Music at least one week before  
the applicant's audition date.

---

Applicant's Name: \_\_\_\_\_

3. Please comment on the applicant's potential for success in music and college level coursework.

4. Please provide any additional comment you would like us to know about the applicant.

Recommender's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---