

**UNIVERSITY OF TENNESSEE
SCHOOL OF MUSIC
GRADUATE RECOMMENDATION/RATING FORM**

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION.

Applicant Name: _____

Intended area of concentration: _____

I hereby _____ waive _____ do not waive the right to examine this evaluation.

Applicant Signature _____ Date _____

Note to the recommender: The applicant named above is applying for a graduate assistantship in music at the University of Tennessee and has asked that you rate his/her ability, background and personality. Your participation in making these ratings will assist us in evaluating the applicant. If the applicant has not waived his/her right to review this rating form, you should consider the rating form as non-confidential. Your attention is directed to the applicant's signature and intention above.

How long have you known the applicant and in what capacity? (Give specific dates, if possible.)

Please rate the applicant in each area listed below in comparison with other undergraduate students you have known.

	Upper 5%	Upper 10%	Upper 25%	Upper 50%	Lower 50%	No basis to judge
Academic ability						
Oral expression						
Written expression						
Ability to work with others						
Emotional maturity and stability						
Dependability						
Initiative						
Creativity						
Open-mindedness						
Ability to reason						
Innate musical ability						
Motivation						

Please give your best assessment of the applicant's chances for success as a graduate student and as a graduate assistant in music.

Signature _____ Print Name _____

Date _____ Position _____

Institution _____ E-mail _____

Thank you for completing this rating form. Please return this form in a sealed envelope with your signature across the seal to:

Secretary for Graduate Studies
University of Tennessee
School of Music
211 Music Building
Knoxville, TN 37996

DEADLINE: FEBRUARY 1