



LAWRENCE UNIVERSITY

MUSIC TEACHER EVALUATION

This form must be submitted on behalf of any applicant planning to pursue any of Lawrence University's degree options with a major in music. (Candidates for any of these options must also register for an audition.)

Name of applicant _____
LAST FIRST MIDDLE

Address of applicant _____
STREET CITY STATE ZIP CODE

Area code _____ Telephone _____ E-mail address _____

I request that the form below be completed in support of my application to Lawrence University.

Signature _____

I am applying for:

- Regular Decision
- Transfer Admission

APPLICATION DEADLINE

January 15
 May 1 (Term I); November 1 (Term II); February 1 (Term III)

APPLICANT: After you have completed the above information, give this form to your private music teacher. You may make copies of this form for additional recommendations from ensemble directors.

TEACHER IN MAJOR AREA: The applicant named above is applying for admission to a music degree program at Lawrence University. Please complete this form, giving your assessment of the applicant's musical background, ability, and potential. Please return the form as soon as possible. **For the candidate to be considered for admission, this form must be postmarked by the deadline indicated above.**

CONFIDENTIALITY: Federal law guarantees matriculating college students the right of access to their educational files. Colleges do not provide access to admission records to applicants prior to matriculation, students who are denied admission, or students who decline an offer of admission. We seek candid responses — please instruct us as to the disposition of your comments.

CHECK ONE:

- My recommendation may be included in the files of this student if he or she attends Lawrence. I am aware of the student's right to inspect and review the contents of such files.
- My recommendation is intended solely for use in the admission process and should be destroyed upon completion of that process.

Name MR. _____
MS. _____

Position _____ Telephone _____
AREA CODE NUMBER EXT.

If private teacher,
 home address _____
STREET CITY STATE ZIP CODE

If secondary school or post-secondary instructor, school and address _____
NAME OF SCHOOL

STREET CITY STATE ZIP CODE

How long have you known the applicant? _____ In what capacity? _____

Your educational and professional background in music. _____

Names of your students who have studied at Lawrence. _____

Please rate the applicant's ability in _____ :
APPLICANT'S PRIMARY INSTRUMENT/VOICE

- | | |
|--|--|
| <input type="checkbox"/> An exceptionally fine talent | <input type="checkbox"/> A fine talent already developed appropriately |
| <input type="checkbox"/> A fine talent potentially, but underdeveloped | <input type="checkbox"/> A fairly good talent |
| <input type="checkbox"/> Limited talent | <input type="checkbox"/> Other (please specify) _____ |

Please describe the applicant's attitude toward the study of music:

- | | |
|--|--|
| <input type="checkbox"/> Highly self-motivated, achievement-oriented | <input type="checkbox"/> Periodically motivated, requires encouragement |
| <input type="checkbox"/> Inconsistently motivated | <input type="checkbox"/> Undecided about music, only partially motivated |
| <input type="checkbox"/> Casual, unsustained interest | <input type="checkbox"/> Other (please specify) _____ |

Please list the repertoire the student has studied with you. _____

Has the applicant pursued studies in music theory under your direction? yes no

If yes, please describe the content of these studies. _____

Please give your general impressions about the applicant. _____

Please use this space for any other comments you wish to make about the applicant. You may attach a separate sheet.

I recommend this candidate for admission to Lawrence University:

	NOT RECOMMENDED	WITHOUT ENTHUSIASM	FAIRLY STRONGLY	STRONGLY	ENTHUSIASTICALLY
For musical talent:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For character and personal promise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall recommendation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE

DATE

Please return the completed form to: Office of Admissions, Lawrence University, P.O. Box 599, Appleton, Wisconsin 54912-0599.