



<i>Applicant</i>	<i>Recommender</i>
Name <i>first middle last</i>	Last Name
UMID	First Name
Date of Birth	Title
Mobile Phone	Institution or Company
Email	Email
Program	Business Phone
Instrument/Voice	<i>Street Address</i>
	<i>City, State Zip</i>
	<i>Country</i>

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to their educational records. Students are permitted to waive the right of access to recommendations.

- I hereby waive my right to inspect the contents of this recommendation.
- I do **not** waive my right to inspect the contents of this recommendation.

Applicant signature: _____ Date: _____

1. Please indicate the strength of your overall endorsement by placing an "X" along the scale.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Highly Recommended	Recommended	Recommended with Some Reservations	Not Recommended

2. How long and in what capacity have you known the applicant?

3. Please attach a letter of recommendation commenting on the applicant's strengths and weaknesses, with any additional information about the applicant that could be of help to the admissions committee.

Letter of recommendation attached

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