SCHOOL OF
MUSIC, THEATRE & DANCE
UNIVERSITY OF MICHIGAN

Letter of Recommendation

Please complete this section

Student's Name: _____
(PLEASE PRINT)

I wish to have access to this letter of recommendation; it will not be confidential and will be incorporated into my Teacher Education file in the Music Education Department.

Name (please print)	Signature	Date

I waive my rights of access to this letter of recommendation and request that it be incorporated into my Teacher Education file in the Music Education Department.

Name (please print)	Signature	Date

Please give your frank and confidential assessment of the student as a potential school music teacher/conductor. Your recommendation will serve to support this student's application for Admission to Teacher Certification program in Music Education.

Qualities	Poor	Fair	Very Good	Excellent
Scholarship				
Musicianship				
Leadership Potential				
Communication Skills				
Social				
Temperament				
Work Habits				
Dependability				

Signature	**Date**	**Organization & Position**

Address _____

Please return completed form to: Music Education Office, School of Music, Theatre & Dance, University of Michigan, 2005 Baits Drive, Ann Arbor MI 48109-2085