

UNIVERSITY AT BUFFALO
Department of Music, Student Programs Office

GRADUATE

LETTER OF RECOMMENDATION

I. TO THE APPLICANT (Please complete this section)

_____ (please print) (last) (first) (middle)

_____ (Degree Program) _____ (Expected date of completion)

Please check and sign one of the following:

I hereby waive the right to inspect the letter which appears hereon and any attached continuation.

_____ (Date) _____ (Student's signature)

I do not wish to waive the right to inspect the letter.*

_____ (Date) _____ (Student's signature)

II. TO THE PERSON WRITING THIS LETTER OF RECOMMENDATION

The Graduate Committee would appreciate a confidential statement from you concerning the applicant named above, stating how well you think he or she will do as a graduate student pursuing advanced study in Music.

Over what period of time have you known this student? _____

In what capacity? _____

Please rate student according to the following chart:

	Outstanding	Above Average	Average	Below Average	Not Known
Intellectual ability					
Breadth of general knowledge					
Speaking ability					
Writing ability					
Imagination and creativity					
Potential as a graduate student					

Do you recommend acceptance of this student _____ yes _____ no

Name (please print) _____

Position _____

Address _____

Date _____

CONFIDENTIAL: Do not return to applicant. Please mail directly to the Student Programs Office,
 226 Baird Hall, University at Buffalo, The State University of New York, Buffalo, NY 14260

* This choice does not affect admission