



## Recommendation Form

Mail to School of Music Admissions, University of Louisville, Louisville, KY 40292.

APPLICANT NAME: \_\_\_\_\_ INSTRUMENT/VOCAL RANGE: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

High School Attended: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

College(s) Attended: \_\_\_\_\_

TERM ENTERING UNIVERSITY OF LOUISVILLE (circle one):    Fall            Spring            Summer            \_\_\_\_\_ (Year)

DESIRED MAJOR \_\_\_\_\_

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**MUSIC REFERENCE:** a music professional (high school music teacher, private lesson teacher, ensemble director, music minister, etc.) who can speak to your musical abilities.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Position/Title \_\_\_\_\_ School/Organization \_\_\_\_\_

Relationship to Student \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

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**ADDITIONAL REFERENCE:** may be a second music professional or an academic teacher.

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Position/Title \_\_\_\_\_ School/Organization \_\_\_\_\_

Relationship to Student \_\_\_\_\_ How long have you known this person? \_\_\_\_\_

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