



University of Wisconsin-Stevens Point

College of Fine Arts & Communication
Department of Music
Member National Association of Schools of Music

Stevens Point WI 54481-3897
715-346-3107; Fax 715-346-3163
www.uwsp.edu/music/

MUSIC TEACHER REFERENCE

Student completes this section

I waive my right to view this reference

I do not waive my right to view this reference

Student's Name - **Please print clearly**

Student signature on line above

This student has applied for an entrance/scholarship audition to the Department of Music, University of Wisconsin-Stevens Point. Please help us to determine this student's eligibility by completing this form and returning as soon as possible to the address below. We encourage you to include a letter of reference if possible. Your input is greatly appreciated.

Please rate the student with 5 as the highest rating:

- | | | | | | | |
|----|--------------------------|---|---|---|---|---|
| 1. | Academic Motivation: | 5 | 4 | 3 | 2 | 1 |
| 2. | Responsibility/Maturity: | 5 | 4 | 3 | 2 | 1 |
| 3. | Self-discipline: | 5 | 4 | 3 | 2 | 1 |
| 4. | Intellectual curiosity: | 5 | 4 | 3 | 2 | 1 |

Please rate the student's musical development, with 5 as the highest rating:

- | | | | | | | |
|----|-------------|---|---|---|---|---|
| 1. | Rhythm: | 5 | 4 | 3 | 2 | 1 |
| 2. | Technique: | 5 | 4 | 3 | 2 | 1 |
| 3. | Musicality: | 5 | 4 | 3 | 2 | 1 |
| 4. | Tone: | 5 | 4 | 3 | 2 | 1 |
| 5. | Intonation: | 5 | 4 | 3 | 2 | 1 |

Signature _____ Date _____

Name (please print) _____ Title _____

Private teacher High school teacher School name _____

Phone _____ Email _____

Address _____ City _____ State _____ ZIP _____

Please return this form to:
Audition Coordinator, Department of Music
University of Wisconsin-Stevens Point, Stevens Point, WI 54481