



## 2012 Goshen College Music Achievement Award Reference Form

### To the Auditioning Student:

Please give this sheet to the music teacher you would like to have write a recommendation for you.

Indicate the date on which you plan to audition:

- Sat. November 12, 2011       Fri. January 20, 2012       Sat. January 21, 2012  
 Sat. February 4, 2012       Sat. March 10, 2012       Submit recording

### To the Music Teacher:

Please complete this reference form and make any further appropriate comments. Include both strengths and weaknesses and anything you consider special about the applicant.

**This recommendation must be received by the time of the student's audition. Please send to:**

**Music Department - Auditions  
Goshen College  
1700 S Main St  
Goshen IN 46526**

1. Name of applicant \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_
3. How long have you known the applicant? \_\_\_\_\_
4. Please describe the applicant's music background and abilities. (Use extra sheet, if necessary)

5. How would you evaluate the applicant's
- |                                      | Excellent                | Good                     | Fair                     | Cannot Assess            |
|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. level of maturity?                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. ability to do college-level work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. potential for leadership?         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Musically speaking, how would you rate the applicant's
- |                                       | Excellent                | Above average            | Average                  | Below average            |
|---------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. intonation?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. rhythm?                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. tone quality?                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. technique?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. interpretation?                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. knowledge of repertoire?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. commitment to individual practice? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7. Other comments which may assist in evaluating this applicant (use extra sheet if necessary)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Name of school (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_